249-103-016-255

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 10359

Primary Registration District No. 2176 Registered No. 247

FULL NAME OF CHILD Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	Yes	June 3 1913

FATHER		MOTHER	
FULL NAME	Francis Fountain Smith	FULL MAIDEN NAME	Elladiona Lee
RESIDENCE	Oakley Ida.	RESIDENCE	Oakley Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:25 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Ohaver MD

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 6 1913 A B Strachan

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

943-208-016-845-

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bassin

City of Albion

No. ____ St.

Hospital ____

Registration District No. 31 File No. 10366

Primary Registration District No. 2176 Registered No. 252

FULL NAME OF CHILD Rutledge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	X		X	yes	Jan 8 1913

FATHER	MOTHER
FULL NAME: John A. Rutledge	FULL MAIDEN NAME: Nora A. Hunt
RESIDENCE: Albion Idaho	RESIDENCE: Albion Idaho
COLOR: W AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: W AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Tenn.	BIRTHPLACE: Colorado
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

(Signature) L. D. Rutledge MD

(Physician or midwife)

Address Albion Idaho

Filed Jan 9 1913 L. D. Rutledge Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 666

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Downey *Registration District No.* 11 **File No.** 10442

No. ..... *St.* *Primary Registration District No.* 3046 **Registered No.** 10

Hospital .....

FULL NAME OF CHILD John Ware

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Jan (Month) 1 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME John Ware	**FULL MAIDEN NAME** Margaret Woodle
RESIDENCE Downey	**RESIDENCE** Downey
COLOR W **AGE AT LAST BIRTHDAY** 34 (Years)	**COLOR** W **AGE AT LAST BIRTHDAY** 29 (Years)
BIRTHPLACE Milton, Mass.	**BIRTHPLACE** Altoona, Pa.
OCCUPATION Asst Treas. Downey Imp. Co.	**OCCUPATION** Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.00A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Arnoult

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Downey Idaho.

J. C. Arnoult Sub Registrar

Filed 1-10- 1913 Ellis Hackley Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK - THIS IS A PERMANENT RECORD

266-111-022-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

Registration District No. 9

File No. 10695

No. _____ St.

Primary Registration District No. 2038

Registered No. 796

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	1—11—13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. M. Bowman	Ida Matthews
RESIDENCE	St. Anthony	St. Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	37
BIRTHPLACE	Ill.	Ill.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. R. Malalla

(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report

....., 19.....

Filed Jan 12 1913 Ray A. Fisher

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

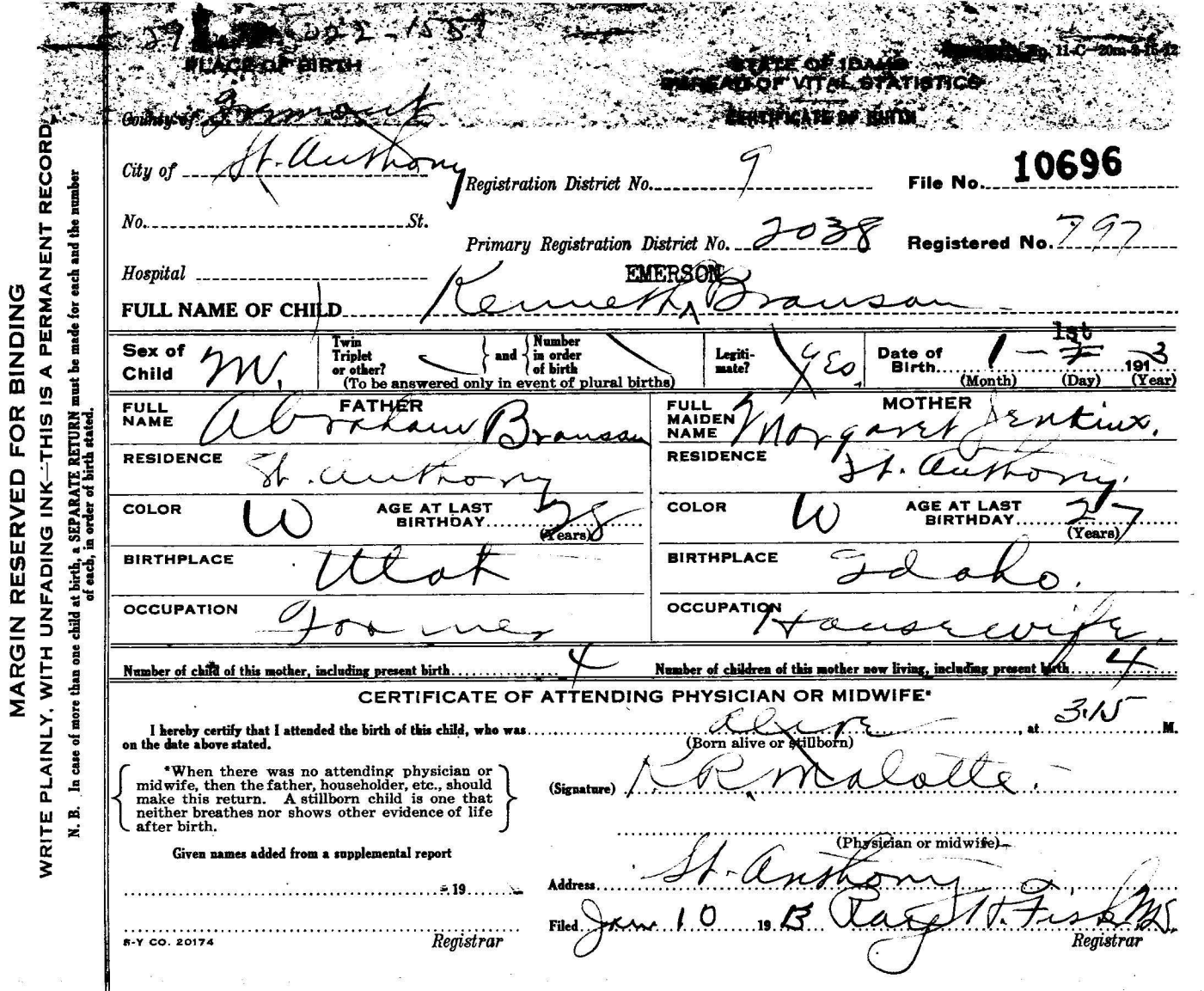
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of



PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony Registration District No. 9 File No. 10696

No. ____ St. Primary Registration District No. 2038 Registered No. 797

Hospital EMERSON

FULL NAME OF CHILD Kenneth Branson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		1st	Yes	1-7-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Abraham Branson	Margaret Jentux.
RESIDENCE	St. Anthony	St. Anthony.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	27
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K R Malotte

(Physician or midwife)

Address St. Anthony, Ida.

Given names added from a supplemental report

..... 19....

..... Registrar

Filed Jan. 10 19 13 Ralph V. Fisher Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-16-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana } ss.
County of Silver Bow }

Certificate No. 10696

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Kenneth Emerson Branson (Birth or Death)
for Kennth Emerson Branson (Name on Original Certificate) who was Born (Was Born or Died) on Jan 1 (Date of Event) 1914
in Butte 10 miles S from Stanthony (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mothers own Records (Bible Record, Insurance Policy, Etc.) prepared on Jan 1 1914 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Kenneth	Kenneth Emerson Branson
Date	Jan. 2ne	January 1st, 1913
date	Jan 2 ne 1913	to Jan 1 1914

Subscribed and sworn to before me this 24th
day of June 1942
Charles Brogan
Notary Public, residing at Butte Montana
My commission expires January 24, 1943
(Seal)

Signed Margaret Branson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
101 E Granit Butte Mont
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Silver Bow. }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 24th
day of June, 1942
Charles Brogan
Notary Public, residing at Butte, Montana
My commission expires January 24, 1943.
(Seal)

Signed Gus Bolton
(Signature of Any Credible Person Other Than Previous Year)
227 Dobroggan ave. Walkerville Mont
(Street Address, City, State)

JUN 26 1942

JUN 30 1942

412-21-102-2-165

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10717

Primary Registration District No. 2040 Registered No. 746

FULL NAME OF CHILD MARGARET ANN MASON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F			Yes.	Jan 11 (Month) (Day), 1913 (Year)

	FATHER	MOTHER
FULL NAME	Frank Mason	FULL MAIDEN NAME Vallie Jones
RESIDENCE	Rigby	RESIDENCE Rigby.
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

(Signature) A. M. Palmer

(Physician or Midwife)

Address Rigby Idaho

Filed Jan 17 19 13 Ray H. Linke Jr. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 17 1942

Amended 9-24-57

PLACE OF BIRTH

864-1081022-633

County of Fremont

City of Menan

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10724

Primary Registration District No. 2040 Registered No. 765

FULL NAME OF CHILD Jesse Youngstrom
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	January 8, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 8

FATHER		MOTHER	
FULL NAME	Chris Youngstrom	FULL MAIDEN NAME	Amelia Ott
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed Jan. 10, 1913 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

864109-022-633

PLACE OF BIRTH

County of Fremont

City of Menan

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10724

Primary Registration District No. 2040 Registered No. 765

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan. 8 1913

FATHER		MOTHER	
FULL NAME	Chris Gungstrom	FULL MAIDEN NAME	Amelia Ott
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:15 P. M. on the date above stated.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan Ida

Filed Jan 10 1913 Ray H. Fraker Registrar
A. M. P.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1957

LDS Churdh Records - July 1, 1922- show correct spelling of last name.
viewed by v.s.

RECEIVED
JUL 22 957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 10724

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Youngstrom (Name on Original Certificate) who was born (Was Born or Died) on 1-8-13 (Date of Event)
in Menan (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage Licen se (Bible Record, Insurance Policy, Etc.) prepared on April 20, 1944 (Give Date) are:
Church Records LDS July 1, 1922

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original) #48-14912 viewed by v.s.	TO (The Correct Facts)
Child's Name	Unnamed Yungstrom	Jess Youngstrom
Father's Last Name	Yungstrom	Youngstrom

Subscribed and sworn to before me this 3rd day of
[illegible] 19[illegible]

Notary Public, residing at Menan, Idaho
My commission expires January 24, 1958
(Seal)

Signed Thomas Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Menan Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of
[illegible] 19[illegible]

Notary Public, residing at Menan, Idaho
My commission expires January 24, 1958
(Seal)

Signed O. C. Raymond Jr
(Signature of Any Credible Person)

Menan Idaho
(Street Address, City, State)

FORM DPH 55. 155

NN 6-20-57 nm

168-207-022-212

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10725

Primary Registration District No. 2040 Registered No. 164

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 7 1913

FATHER		MOTHER	
FULL NAME	Jack Joyce	FULL MAIDEN NAME	Lois Baker
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Milton

(Physician or midwife)

Address Menan, Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 10 1913 Roy H. Fraser Registrar

....., Registrar

A.M.S

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 371178

249-105-022-213

PLACE OF BIRTH

County of Fremont

City of Roberts

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10726

Primary Registration District No. 2040 Registered No. 763

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 5th 1913

FATHER		MOTHER	
FULL NAME	John Burwell	FULL MAIDEN NAME	Olive Balser
RESIDENCE	Roberts	RESIDENCE	Roberts
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Missouri
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 10 1913 Ray H. Fisher
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

314-208-022-719

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Lorenzo

Registration District No. 9

File No. 10729

No. ____, ____ St.

Primary Registration District No. 2040

Registered No. 721

Hospital ____

FULL NAME OF CHILD Myrtle Luella Lamb

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	June 8, 1913

FATHER		MOTHER	
FULL NAME	Arthur Lamb	FULL MAIDEN NAME	Myrtle Lamb Park
RESIDENCE	Lorenzo.	RESIDENCE	Lorenzo.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	—	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rigby, Idaho.

Given name added from a supplemental report

....., 19.....

Filed Jan 10, 1914 Ray H. Fisher.

Registrar

Registrar

S-Y CO., 16669

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF

MAR 31 19

PLACE OF BIRTH

28/-209/102-168

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10730

Primary Registration District No. 2040 Registered No. 720

FULL NAME OF CHILD Not named.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes.	Jan 8, 1913

	FATHER	MOTHER
FULL NAME	L. A. Shoup.	M. a. Johnson.
RESIDENCE	Rigby - R.F.D. 1.	Rigby - R.F.D. 1.
COLOR	W.
AGE AT LAST BIRTHDAY (Years)	40	40
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 1:19 A. M. on the date above stated.

(Signature) Ann Palmer

(Physician or Midwife)

Address Rigby Idaho

Filed Jan 16 19 13 Ralph Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

366-108-022-369

PLACE OF BIRTH

County of Fremont

City of LaBelle

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD Donald Lowder

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 10732

Primary Registration District No. 2040 Registered No. 778

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes.	Jan 8 1913

FATHER		MOTHER	
FULL NAME	Philip Lowder,	FULL MAIDEN NAME	Ida Corbett.
RESIDENCE	LaBelle.	RESIDENCE	LaBelle
COLOR	W	AGE AT LAST BIRTHDAY (Years)	53
COLOR	W	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Virginia	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. A. Price. M.D

(Physician or Midwife)

Address Rigby Idaho

Given name added from a supplemental report

....., 19.....

Filed Jan 10 1913

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 15 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

613-107-022-795

PLACE OF BIRTH

County of Fremont.

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9 File No. 10733

Primary Registration District No. 2040 Registered No. 716

FULL NAME OF CHILD ROSS Greenwood Waters

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 7, 1913

FATHER		MOTHER	
FULL NAME	G. A. Waters.	FULL MAIDEN NAME	Anna Greenwood
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah.	BIRTHPLACE	Utah.
OCCUPATION	Hotel keeper.	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30 P. M. on the date above stated.

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rigby Idaho

Filed Jan 10 1913 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16669

JAN 14 1953

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 [redacted] 29-168

P[redacted] CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Moscow, Idaho

No. ..... St.

Hospital Gritman

Registration District No. 15 File No. 10756

Primary Registration District No. 1518 Registered No. 380

FULL NAME OF CHILD Ruby Adeline Carlson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Jan 8 1913

FATHER	MOTHER
FULL NAME Charles Carlson	FULL MAIDEN NAME Julia Johnson
RESIDENCE Genesee, Idaho	RESIDENCE Genesee, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Lindsley, Idaho	BIRTHPLACE Coleman, N. D.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman, M.D.
Per L. H. C.
(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed [illegible] 19 13 [illegible] Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10756

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Carlson (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 8, 1913 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Record of Baptism Nov 11, 1916 (Bible Record, Insurance Policy, Etc.) prepared on Aug 31, 1933 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruby Adeline Carlson

Subscribed and sworn to before me this 3 day of April, 1970

Notary Public, residing at Kelso Wash.

My commission expires 17 Nov 1973

(Seal)

Signed Anna E. Carlson Step Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

94 Barnard St Kelso, Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash }
County of Cowlitz } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3 day of April, 1970

Notary Public, residing at Kelso

My commission expires 17 Nov 1973

(Seal)

Signed Evelyn Hoeninger
(Signature of Any Credible Person)

147 Maple St Kelso Wn
(Street Address, City, State)

FORM DH 60-155 CL 12-13-65. nm

Baptismal Record from Luthern Church gives child's name as Ruby Adeline Carlson daughte of Charles & Julia Carlson. Born Jan 8, 1913 in Latah County, Idaho. Signed by. C. N. Grimsrud, priest. Viewed by V. S.

JUN 1 1970

Certificate of Marriage from state of Washington countyof Cowlitz. Dated Aug. 30, 193
Groom's name Trueman A. Schneider and bride's name as Ruby A. Carlson. Signed by E. H. Gebert. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 ~~Month~~ 8102-755

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2042 10 File No. 10937

Primary Registration District No. ~~10~~ 2042 Registered No. 243

FULL NAME OF CHILD Bruce Milton Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 – 18 – 13

FATHER		MOTHER	
FULL NAME	Sidney M. Brown	FULL MAIDEN NAME	Flora Gentry
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Nor. Carolina	BIRTHPLACE	N. Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician or ~~midwife~~)

Address Cottonwood, Ida

Given names added from a supplemental report

..... 19.....

Filed Jan 19 1913

G S Stockton
per Blake
Registrar

..... Registrar

S-Y Co. 20174

PLACE OF BIRTH

County of

DEC 24 1941

OCT 15 1943

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

DEC 16 1941

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Cottonwood
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Cottonwood
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 8 y

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD Bruce Milton Brown

5. Date of Birth of Child (Month, day, year) Jan 18, 1913

6. Sex male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. FULL NAME Sidney Milton Brown

11. Color or Race white

12. Age at time of THIS birth 32 yrs.

13. Birthplace River Side, North Carolina (City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Own farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Flora Gentry

17. Color or Race white

18. Age at time of THIS birth 31 y

19. Birthplace Fleetwood, North Carolina (City or town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business Own home

22. Name prophylactic used to prevent Ophthalmia Neonaterum

23. Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 8:30 A.M. on the d
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by (First name) (Last name), whc related to this child as (Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho } ss.
County of Naz Pierce }

AFFIDAVIT to be completed when the attendant does not si in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appea in Item 4, above, that I am now 50 years of age, that I have known this person for 28 years, and th Doctor J. W. Turner (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located) I further state th the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded und Chapter 139, 1937 Session Laws.

Sidney Milton Brown Signatu

1417 7th Avenue Lewiston, Idaho P. O. Addr

Subscribed and sworn to before me this 17 day of December, 1941.

(SEAL) Ruth Weingarten Notary Public, residing at Lewiston Idaho

(Note: Perjury is punishable as a felony, see Sec. 17-3404, Idaho Code Annotated.)

CLERK OF THE DISTRICT COURT
EX-OFFICIO AUDITOR AND RECORDER

Received for filing on by Registr

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

755-221-025-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Precinct of Kenteroville

Registration District No ~~1041~~ 10 File No. 10938

No ....., ... St.

Primary Registration District No. ~~40~~ 204 Registered No. 244

Hospital .....

FULL NAME OF CHILD Mae Helen Gentry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	January 21, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rufus Gentry	Maggie M Bledsoe
RESIDENCE	Kenteroville Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	N C	N C
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kenteroville, Idaho.

Filed Jany 22 1913 G S Stockton Registrar

per Blake

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

NOV 8 1974

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

865-121-025-254

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~Lewis~~ 10 File No. 10939

Primary Registration District No. ~~10~~ 2042 Registered No. 245

FULL NAME OF CHILD Herman Joseph Horne.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 – 21 – 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Horne	Susie Seubert
RESIDENCE	Cottonwood	Cottonwood
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Ill.	Wis.
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 8.40 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician or ~~midwife~~)

Address Cottonwood, Idaho

Given names added from a supplemental report

..... 19.....

Filed Jany 24 1913 G S Stockton Registrar

..... Registrar per Clerk

S-Y CO. 20174

OCT 22 1975

483-127-025-669

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~3~~ 10 File No. 10940

Primary Registration District No. ~~72~~ 2042 Registered No. 246

FULL NAME OF CHILD Raymond Frank Uhling

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 27 1913

FATHER		MOTHER	
FULL NAME	Henry Uhling	FULL MAIDEN NAME	Annie Forsmann
RESIDENCE	Cottonwood	RESIDENCE	Cottonwood
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Minn.	COLOR	White
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	37
		BIRTHPLACE	Ill.
		OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1550 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Turner

(Physician ~~or midwife~~)

Address Cottonwood, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

Filed Jany 29 1913

G S Stockton
for State Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1974

24-2-19-025-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Idaho

City of Stites

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10941

Primary Registration District No. 2101 Registered No. 239

FULL NAME OF CHILD Estella Ann Simpson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	One		Yes	Jan 19, 1913

FATHER		MOTHER	
FULL NAME	O. W. Simpson	FULL MAIDEN NAME	Cora L. Counts
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Georgia
OCCUPATION	Ranching	OCCUPATION	Domestic

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ M. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. R. C. A. Lyle

(Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-23 1913 H. H. Schrader

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUL 20 1942

693-24-025-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10942

Primary Registration District No. 1001 Registered No. 240

FULL NAME OF CHILD Alva George Willey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 24 1913

FATHER		MOTHER	
FULL NAME	George D Willey	FULL MAIDEN NAME	Eva Wright
RESIDENCE	Grangeville Ida	RESIDENCE	Grangeville Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician ~~or Midwife~~)

Address Grangeville, Idaho

Given names added from a supplemental report

..... 19.....

Filed Feby. 1 1913 Jesse L. Rains

Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of _____

City of _____

_____

_____

FULL NAME OF CHILD _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. _____

Reg. Number (Local) _____

Reg. Number (State) _____

Reg. Number _____

Form V. S. No. 11-C (Rev. 6-15-12)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

419.27.025-319

PLACE OF BIRTH

County of Idaho

City of Lolo

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10944

Primary Registration District No. 2044 Registered No. 241

FULL NAME OF CHILD Zola Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Jan 27 1913

FATHER		MOTHER	
FULL NAME	Herbert J Martin	FULL MAIDEN NAME	Sylvia Cain
RESIDENCE	Lolo Idaho	RESIDENCE	Lolo Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19.....

Filed Feby. 1 1913 Rose L. Rains Registrar

..... Registrar

8-Y CO. 20174

DEC 1 7 1974

65-202-025-533

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Denver

Registration District No. 10 File No. 10945

No. ____ St.

Primary Registration District No. 2044 Registered No. 235

Hospital ____

FULL NAME OF CHILD Olga Lee Feaster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 2 1913

FATHER		MOTHER	
FULL NAME	James Feaster	FULL MAIDEN NAME	Laura Elliott
RESIDENCE	Denver Ida	RESIDENCE	Denver Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Stationary Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~midwife~~)

Address Grangeville Ida.

Given names added from a supplemental report

....., 19....

Filed Feby. 1 1913 Grace L. Rains
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

JUL 1 1957

RESIDENCE	Weaver Idaho
COLOR	White
AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	

369-106-025-345

PLACE OF BIRTH

County of Idaho

City of Denver

No. ____ St. ____

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 10946

Primary Registration District No. 2044 Registered No. 236

FULL NAME OF CHILD William Jacob

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan 6 1913

FATHER		MOTHER	
FULL NAME	Jacob Lorentz	FULL MAIDEN NAME	Susan Lies
RESIDENCE	Denver Idaho	RESIDENCE	Denver Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 10 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician ~~or midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed Feby. 1 1913 Jesse L. Rains
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-21.025-761

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Mt. Idaho

Registration District No. 10 File No. 10947

No. ..... St.

Primary Registration District No. 2044 Registered No. 237

Hospital .....

FULL NAME OF CHILD Doris Hindman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				January 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charlie Hindman	Ida May Boan
RESIDENCE	Mt Idaho	Mt Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Iowa	Oregon
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. E. Hindman

midwife (Physician or midwife)

Address Mt Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feby. 1 1913 Jesse L. Rains Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-5-55-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

1957

989

253-10 258

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form 1 S. No. 1 2- 20m-9-15-12

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. North State St.

Hospital

Registration District No. 26 File No. 10948

Primary Registration District No. 1010. Registered No. 1

FULL NAME OF CHILD FRANK Llewellyn Keller

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	3	Yes	1 4 1913

FATHER	MOTHER
FULL NAME: Edward J. Keller	FULL MAIDEN NAME: Olena May Keyes
RESIDENCE: Hood River, Oregon	RESIDENCE: Hood River, Oregon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Illinois	BIRTHPLACE: Michigan
OCCUPATION: Farmer	OCCUPATION: House-wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 a.M. on the date above stated.

(Signature) C. D. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Filed Jan 5th 1913 W. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

NOV 10 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Wisconsin } ss.
County of Dodge }

Certificate No. 10948

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Llewellyn Keller (Birth or Death)
for Birth (Name on Original Certificate) who was born (Was Born or Died) on Jan. 4, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Jan 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Llewellyn Keller	Frank Llewellyn Keller

Subscribed and sworn to before me this 10
day of October, 1942
Paul E. Schumacher
Notary Public, residing at Beaver Dam, Wis
My commission expires NOTARY PUBLIC, DODGE COUNTY, WIS.
(Seal) MY COMMISSION EXPIRES JULY 7, 1946

Signed Olena Keller
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
306 N. University, Beaver Dam, Wis.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wisconsin } ss.
County of Dodge }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of October, 1942
Paul E. Schumacher
Notary Public, residing at Beaver Dam, Wis.
My commission expires NOTARY PUBLIC, DODGE COUNTY, WIS.
(Seal) MY COMMISSION EXPIRES JULY 7, 1946

Signed S. Freeman
(Signature of Any Credible Person Other Than Previous Year)
Beaver Dam Wis.
(Street Address, City, State)

NOV 1 2 1942

990

442-204-044-213

PLACE OF BIRTH

Form V. S. No. 11-C 20m-2-15-43

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. 742 W. 2nd St.

Hospital

Registration District No. 26 File No. 10949

Primary Registration District No. 1010. Registered No. 2.

FULL NAME OF CHILD Charlotte Dusenberry

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	#	2	Yes	1 4 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John W. Dusenberry	FULL MAIDEN NAME: Blanche Balch
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Illinois
OCCUPATION: Book-keeper	OCCUPATION: House-wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.48 am on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 5th 1913 M. R. Hamilton

Registrar

S-Y CO. 2000-6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1944

285-206-044-818

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10950

Primary Registration District No. 1010. Registered No. 3,

FULL NAME OF CHILD Myrtle Sheets

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	other (To be answered only in event of plural births)	____	yes	1 6 1912

FATHER	MOTHER
FULL NAME John M Sheets	FULL MAIDEN NAME Eva Haynes
RESIDENCE Weiser	RESIDENCE Weiser
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Oregon
OCCUPATION Butcher	OCCUPATION Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated, at 12 30 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. T. Anderson M. D. (Physician or Midwife)

Address Weiser Idaho.

Given name added from a supplemental report

..... 19.....

Filed Jan 7th 1913 W. R. Hamilton

Registrar

Registrar

B-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

OCT 2 9 1971

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 20 12 40 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
} ss.
County of.....

Certificate No. 10950

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Sheets (Name on Original Certificate) who was born (Was Born or Died) on Jan. 6, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by.....(Bible Record, Insurance Policy, Etc.) prepared on.....(Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Sheets	Myrtle Edna Sheets

Subscribed and sworn to before me this 16th day of June, 1972

Notary Public, residing at Boise, Idaho

My commission expires Sept 9, 1974

(Seal)

Signed Linda A. Kirley daughter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1904 S.E. 80 Portland, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
} ss.
County of.....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....
(Seal)

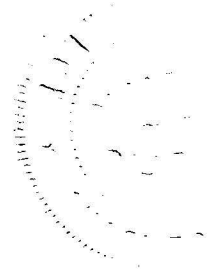
Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JUN 20 1972

Application for marriage license dated January 20, 1936 at Caldwell, Idaho gives names as Myrtle Sheets, bride and Jimmie Kerley, groom.
Viewed by VS

Photocopy (Certified) of own childs birth certificate Linda Ann Kerley born June 19, 1947 in Boise, Idaho, State File No. 438017, gives mothers name as Myrtle Sheets.
Viewed by VS



992

236-116-044-191

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 10-C

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 10952

No. 543 W. Commercial

Primary Registration District No. 1010 Registered No. 57

Hospital

FULL NAME OF CHILD Melvin Joseph Stoddard

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	# (To be answered only in event of plural births)	6	Yes	1 16 1913

FATHER	MOTHER
FULL NAME: William E. Stoddard	FULL MAIDEN NAME: Jannette Arave
RESIDENCE: Weiser, Idaho.	RESIDENCE: Weiser, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Teamster	OCCUPATION: House-wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4.40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. D. Shirley M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 18 1913 D. L. Hamilton
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 6 1942

SEP 2 2 1976

864-171-044-249

Form V. S. No. 1-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Hospital ____

Registration District No. 26 File No. 10955

Primary Registration District No. 1012 Registered No. 8

FULL NAME OF CHILD ~~WILLIAM~~ Charles House

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	June 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles House	Louise Burns
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	31
BIRTHPLACE	Penn.	Collyer Kans
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young Jr.
(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 1 19.....

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. ... D—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	

COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE	

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Walla Walla }

Certificate No. 10955

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Charles Wellesin Lt House (NAME OF ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Jan 11- 1913 (DATE OF EVENT)
in Lewiston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed House	CharlesWm. House

Subscribed and sworn to before me this 11 day of February 19 43.

James L. Wright

Notary Public, residing at Walla Walla

My commission expires 6/45.

(SEAL)

Signed X Charles L House

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

427 Craig St Walla Walla Wash

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Walla Walla }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11 day of February 19 43.

James L. Wright

Notary Public, residing at Walla Walla

My commission expires 6/26/45

(SEAL)

Signed X Mrs Laura Mc House (Mother)

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

427 Craig St Walla Walla Wash

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

FEB 13 1943

693-118-04819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 2-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10956

Primary Registration District No. 213 Registered No. 9

FULL NAME OF CHILD JACK Rollin Williamson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	1 18 1913

FATHER		MOTHER	
FULL NAME	Wilburn D Williamson	FULL MAIDEN NAME	Anna Haigue
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt M D

(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 31 1913 F A Schmidt M D

Registrar

..... Registrar

S-Y CO. 20124

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Washington } ss.

Certificate No. 10956

Date Filed SEP 11 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Rollan Williamson (Name on Original Certificate) who Born (Was Born or Died) on January 18, 1913 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record and others statement (Bible Record, Insurance Policy, Etc.) prepared on January 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rollan	Jack Rollin Williamson

Subscribed and sworn to before me this 10th
day of Sept, 1942
J. F. Goodnight
Notary Public, residing at Midvale Idaho
My commission expires May 10th 1944
(Seal)

Signed Anna Williamson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

SEP 14 19

SUPPORTING AFFIDAVIT OF A SECOND PERSON

449-205-044-383

PLACE OF BIRTH

Form V. S. No. 11-G—60m-4-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital

Registration District No. 26 File No. 10957

Primary Registration District No. 2112 Registered No. 10

FULL NAME OF CHILD Mabel Irma Durbin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female	—	—	yes	Jan (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Durbin	FULL MAIDEN NAME	Daisy Lyle
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Weiser Idaho	BIRTHPLACE	Perry Co Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Alfaning

Physician

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

..... 19.....

Filed June 1st 19 13

S-Y CO. 20174

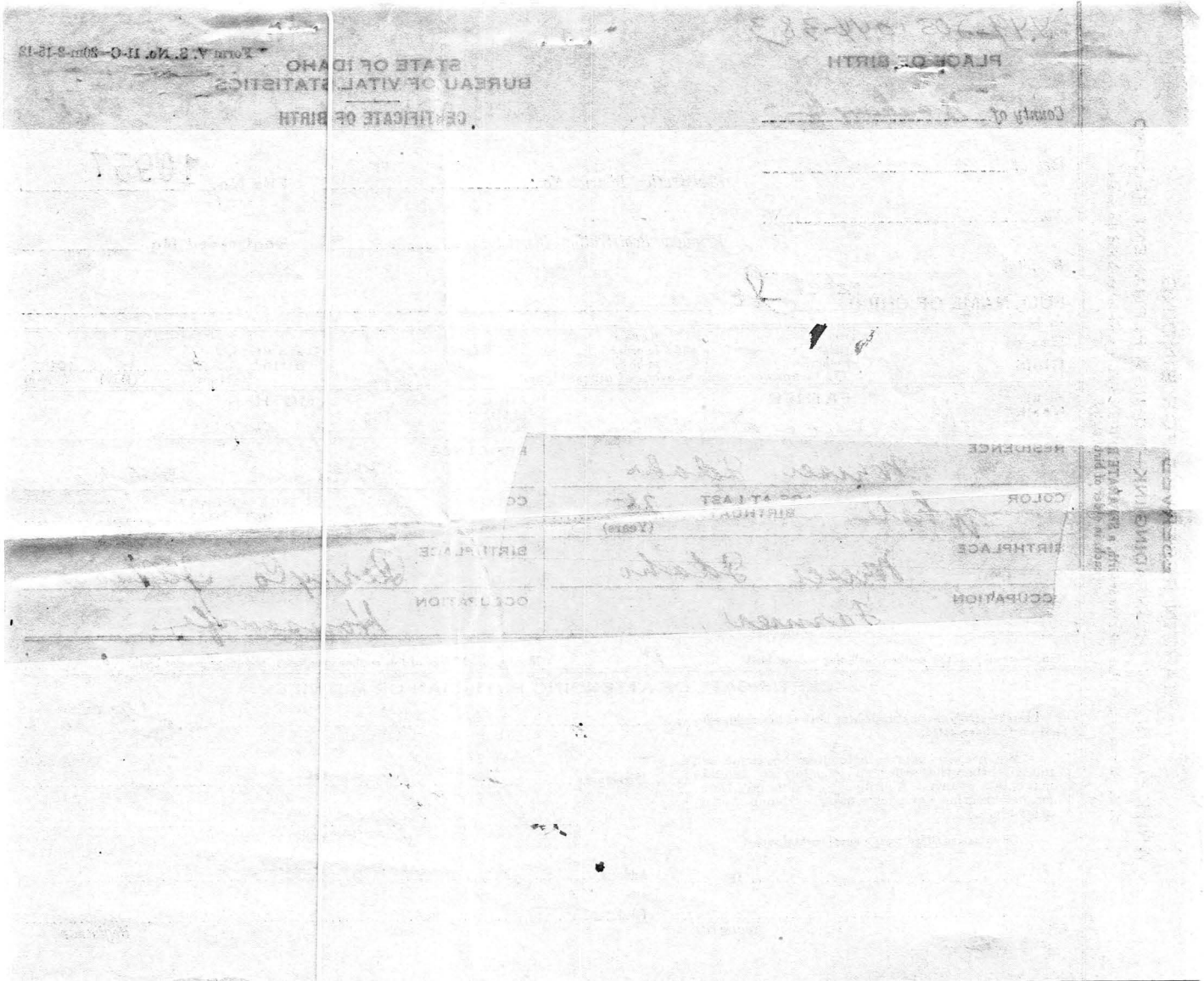
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



10 21 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
Oct 21 12 34 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 10957

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Irma Durbin (Name on Original Certificate) who was born (Was Born or Died) on Jan. 5, 1913 (Date of Event)

in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Irma Durbin	Mabel Irma Durbin

Subscribed and sworn to before me this 21 day of Oct., 19 74

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Lester O Wood

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 2 Box 69 Weiser, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

OCT 21 1974

Own childs birth certificate Etta Marie Bowman born Oct. 20, 1934 at Weiser, Idaho State File # 226570 gives mothers name as Mabel Irma Durbin, Viewed by VS

Social Security Card # 519-48-5515 Form OA-702.1 Rev. (11-61) gives name as Mabel D. Moore.
Viewed by VS

The National Grange - Order of Patrons of Husbandry membership card certifies Mabel D Bowman Grange # 416 , Washington County, Idaho No. 22 dues paid in full Dec. 31.1953 . Mabel Durbin Bowman.
Viewed by VS

281-206-044-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10958

Primary Registration District No. 10 Registered No. 11

FULL NAME OF CHILD Carrol Bernice Sharp.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Jan 6 1913

FATHER		MOTHER	
FULL NAME	Charles Sharp.	FULL MAIDEN NAME	Mary Havens
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Lockesburg Ark	BIRTHPLACE	Georgetown Colo
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 30 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Young

Physician
(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 12 19 [illegible] Registrar

S-F CO.-2017

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE		BIRTHPLACE	
OCCUPATION			

RESERVED FOR INFORMING U.S. CENSUS

791-108-044-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 10959

Primary Registration District No. ..... Registered No. 12

FULL NAME OF CHILD Lloyd Thurman Graves

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Jan 8 1913

FATHER		MOTHER	
FULL NAME	Don C Graves	FULL MAIDEN NAME	Mayme Shelly
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Sommerville Ky	BIRTHPLACE	Cedar Falls Iowa
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jul 1st 19 13

Registrar

S-Y CO. 20174

OCT 13 1943

SEP 22 1950

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

259-210104K285

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 26 File No. 10960

Primary Registration District No. 2113 Registered No. 13

FULL NAME OF CHILD Goldie Vivian Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Jan 10 1913

FATHER	MOTHER
FULL NAME: Andrew D Smith	FULL MAIDEN NAME: Elizabeth Shelton
RESIDENCE: Meridian Idaho	RESIDENCE: Meridian Idaho
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Ohio
OCCUPATION: Rancher	OCCUPATION: House Wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Faschnitz MD

(Physician or midwife)

Address Meridian Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 30 1913 Faschnitz Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-273-044813

Form V. S. No. 1-C—Rev. 2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10961

Primary Registration District No. 2114 Registered No. 14

FULL NAME OF CHILD ~~Loretta Warren~~ LORETTA WARREN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Jan 13 1913

FATHER		MOTHER	
FULL NAME	James Warren	FULL MAIDEN NAME	Laura Hall
RESIDENCE	Cambridge	RESIDENCE	Cambridge Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Utah
OCCUPATION	Ranching	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) C E Schmuck MD

(Physician or midwife)

Address Cambridge Ida.

Filed Feb 11 1913 C E Schmuck Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1-0—2000-5-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Washington }

Certificate No. 10961

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Lauretta Warren (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 13, 1913 (DATE OF EVENT) in Cambridge, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Lauretta	Loretta Warren

Subscribed and sworn to before me this 3rd day of February, 19 43.

Margaret Vogel

Notary Public, residing at Cambridge, Idaho

My commission expires May 16, 1943

(SEAL)

Signed Lora L Warren

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Cambridge, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Washington }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of February, 19 43.

Margaret Vogel

Notary Public, residing at Cambridge, Idaho

My commission expires May 16, 1943

(SEAL)

Signed D O Danielson

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Cambridge, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

NOV 29 1973

DEC 5 1973

FEB 5 1949

213-219044-614

PLACE OF BIRTH

Form V. S. Ma. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ____ St.

Hospital ____

Registration District No. ____ File No. 10962

Primary Registration District No. 213 Registered No. 2

FULL NAME OF CHILD Beulah Augusta Sallee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Jan. 19 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Sanford L. Sallee	FULL MAIDEN NAME	Emma Fadon
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmitz M.D.

(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 3, 1913 F. A. Schmitz Registrar

S-Y CO. 20174

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1943

DECEASED

365.120104K253

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 10963

Primary Registration District No. 2112 Registered No. 16

FULL NAME OF CHILD Covey - Donald Everett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Jan 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Covey	Louise Keller
RESIDENCE	Weiser Idaho	The Dalles
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Clackamas Co Ore.	The Dalles Oregon
OCCUPATION	Housewife Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report

..... 19.....

Filed Feb 1st 1913

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of Marion

Certificate No. 10963

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Covey (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Jan. 20th 1917 (DATE OF EVENT)
in Weiser Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Donald Everett Covey

Subscribed and sworn to before me this 4th
day of May, 1942.

Geo. Beach

Notary Public, residing at RECORDER OF THE CITY OF WOODBURN, ORE.

My commission expires .....
(SEAL)

Signed Frank W Covey father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

488 Lincoln St Woodburn Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of Marion

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of May, 1942.

Geo. Beach

Notary Public, residing at .....

My commission expires RECORDER OF THE CITY OF WOODBURN, ORE.
(SEAL)

Signed Louise X. Covey (Mother)
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

488 LINCOLN St Woodburn, Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 19 1942 By .....
(REGISTRAR'S SIGNATURE)

MAY 20 1942

342-215-004

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Geneva

No. ..... St.

Hospital .....

Registration District No. 24 File No. 10964

Primary Registration District No. 210 Registered No. 8

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 15 1913

FATHER		MOTHER	
FULL NAME	John Tuscher	FULL MAIDEN NAME	Nellie Kerchi
RESIDENCE	Geneva	RESIDENCE	Geneva
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at, at 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley E. Cooley

(Physician or ~~midwife~~)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed Jan 18 19 13 J. W. Thurgwood
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

26b-128100X-552

Amended 7/19/77

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

Registration District No. 24 File No. 10966

Primary Registration District No. 2098 Registered No. 3

FULL NAME OF CHILD Charles Abrams Kowallis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
M			Yes	Jan 28 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	W. H. Kowallis	B. A. Abrams
RESIDENCE	Pocatello	Pocatello
COLOR	W	W
AGE AT LAST BIRTHDAY	28 (Years)	21 (Years)
BIRTHPLACE	Kansas	Solsberry, Indiana
OCCUPATION	Farming	None

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was twin girls, at 11:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Julia A. Cooley

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb. 8 1913 Geo. Langworthy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 7/19/77

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B. In case of more than one child at birth, give full particulars of each, and add the number.

Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 9 4 48 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10966

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Kowallis (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 28, 1913 (Date of Event)
in Montpelier, Idaho (Bear Lake) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child s name	Unnamed	Charles Abrams Kowallis
mother's birthplace	Germany	Solsberry, Indiana

Subscribed and sworn to before me this 19th day of April, 19 77

Notary Public, residing at Logan, Utah

My commission expires Aug 3, 1980

(Seal)

Signed Bertha A. Kowallis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

209 East 2nd South Logan, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Cache }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 19 77

Notary Public, residing at Logan, Utah

My commission expires Aug 3, 1980

(Seal)

Signed R. Dean Toone
(Signature of Any Credible Person)

10E. 9300 So. Paradise Utah
(Street Address, City, State)

FORM DH 60-155

CL 4/11/77

form from LDS church, Logan Third Ward gives name as Charles Abrams Kowallis born Jan 28, 1913 in Montpelier, Idaho. signed by Glynn A. Hofler. viewed by V. S.

JUL 19 1977

Insurance polci application from The Franklin Life Insurance Co of Springfiels Illinois gives name as Charles Abrams Kowallis born Jan 28, 1913. dated June 13, 1972. viewed by V. S.

Certif of Baptism from Indiana gives name as Bertha Iona Abrams, baptized May 12 1905. gives birthplace as Soleberry, Indiana. on Nov 18, 1987. father's name as Charles Abrams and mother's name as Sarah E. Edwards. viewed by V. S.

815-201004-299.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10967

Primary Registration District No. 2098 Registered No. 4

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀		Yes	January 1 1913

FATHER		MOTHER	
FULL NAME	G R Bancroft	FULL MAIDEN NAME	Lena Finch
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Montpelier	BIRTHPLACE	Montpelier
OCCUPATION	Clerk	OCCUPATION	H

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Julia F. Hoover

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

....19....

....
Registrar

Filed Feb 8 1913 J W Hayward
Registrar

8-Y CO. 20174

260-23-004-319

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10969

Primary Registration District No. 2098 Registered No. 3

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	January 23, 1913

FATHER		MOTHER	
FULL NAME	Benj. H. Bowen	FULL MAIDEN NAME	Billy Carlton
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	AGE AT LAST BIRTHDAY (Years)	59
BIRTHPLACE	South Wales	COLOR	White
OCCUPATION	Mercantile Store	AGE AT LAST BIRTHDAY (Years)	42
		BIRTHPLACE	Mississippi
		OCCUPATION	Housewife

Number of child of this mother, including present birth 6.

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Rogers M.D.

(Physician or Midwife)

Address Montpelier Idaho.

Given names added from a supplemental report

....., 19.....

Filed Feb. 5, 1913 J. W. Lengward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING

IN—THIS IS A PERMANENT RECORD

331-215.00X-614

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 10970

Primary Registration District No. 2098 Registered No. 2

FULL NAME OF CHILD Ada Fawcett Jacqueline Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 15 1913

FATHER	MOTHER
FULL NAME Frank A Clark	FULL MAIDEN NAME Maggie May Wade
RESIDENCE Montpelier	RESIDENCE Montpelier
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Ogden	BIRTHPLACE Ogden
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr V Snyder MD (Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

Jan ____, 19____ ____ 8 1913

Registrar Registrar

VS - YORK CO., PTRS. & BDRS. 17926

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...GIN RESERVED FOR BINDING

...ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 11 1948

742-2041004-236 Amended 5-11-73

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bonnon

Registration District No. 24 File No. 10972

No. ..... St.

Primary Registration District No. 2095 Registered No. 1

Hospital .....

FULL NAME OF CHILD Jean Gubler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		2nd	Yes	Jan. 4 1913

FATHER		MOTHER	
FULL NAME	Ernest Gubler	FULL MAIDEN NAME	Emeline Stocker
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Switzerland	BIRTHPLACE	Paris
OCCUPATION	Butcher	OCCUPATION	H W.

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Ashley Cooley
(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

Filed Feb 8 19 13 J W Harrymore
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 14 1973

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 30 12 41 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 10972

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Unnamed Gubler (Female) who was born on Jan. 3, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Norman, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Jean Gubler
Date of birth	Jan. 3, 1913	Jan. 4, 1913

Subscribed and sworn to before me this 26 day of March, 1973

Theodore N. Ingemansen
Notary Public, residing at Salt Lake City, Utah
My commission expires Feb. 6 1976
(Seal)

Signed Weldon E. Grandy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
2270 Hollywood Ave., Salt Lake City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26 day of March, 1973

Notary Public, residing at Salt Lake City, Ut.
My commission expires Feb. 6 1976
(Seal)

Signed Theodore N. Ingemansen notary
(Signature of Any Credible Person)
2770 Foothill Dr. S.L.C.
(Street Address, City, State)

FORM DH 60.155 CL 2/14/73

Certificate of Birth from LDS Church gives name as Jean Gubler born Jan. 4, 1913. Father's name given as Ernest Gubler and mother's maiden name given as Emeline Stocker. Entered on record Feb. 3, 1913. Viewed by V. S.

MAY 11 1973

School Record issued by the Bear Lake Junior High School, Paris, Idaho 83261
Leon Howell, Principal of High School gives name as Jean Gubler born Jan 4, 1913. Attended 1928 - 1930
Viewed by V.S.

764-218-004-249

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10973

Primary Registration District No. 2093 Registered No. 10

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Jan 18 1913

FATHER		MOTHER	
FULL NAME	George Paulson	FULL MAIDEN NAME	Susie Smith
RESIDENCE	Liberty	RESIDENCE	Liberty
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Liberty	BIRTHPLACE	Shamrock
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley Cooley
(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 5 1913 J. W. Clemmer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

485-114004613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ben Lake

City of Paris

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10974

Primary Registration District No. 2092 Registered No. 9

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Jan 14 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Heber Myers	FULL MAIDEN NAME	Sarah E Watson
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Lake Iowa
OCCUPATION	Miner	OCCUPATION	Nurse

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley E Cooley

(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 8 1913 J W Claywood Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-20m-8-42

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

691-122 1004-691

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 10975

Primary Registration District No. 2092 Registered No. 11

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Jan 22 1913

FATHER		MOTHER	
FULL NAME	O. N. Wray	FULL MAIDEN NAME	Sophie Wray
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hyrum Utah	BIRTHPLACE	Mantua Utah
OCCUPATION	Dairyman	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley F. Cooley (Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb. 9 19 13 J. W. Lemmon Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

RESERVED FOR USE OF STATE BOARD OF HEALTH

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

791-201 223-816

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-11

Bureau of Vital Statistics

County of Bannock

City of Pocatello

No. 340 So. Naylor St.

CERTIFICATE OF BIRTH

11018 /

Registration District No. 19

File No.

Primary Registration District No. 1002

Registered No. 5

Hospital

FULL NAME OF CHILD Admeil Elizabeth Gray

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		3	Yes.	Jan. 1, 1913

	FATHER	MOTHER
FULL NAME	Roy L. Gray	FULL MAIDEN NAME Daisy Hawthorne
RESIDENCE	Pocatello Ida	RESIDENCE Pocatello. Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE Nebraska
OCCUPATION	Brakeman	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Gray

(Physician ~~or Midwife~~)

Address Pocatello Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 3rd 19 13 J. B. Steely

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. U-C-Un-6-52-U

STATE OF IDAHO

PLACE OF BIRTH

Bureau of Vital Statistics

BIRTH

File No.

Registered

Print

MOTHER

RESIDENCE

COLOR

AGE OF LAST

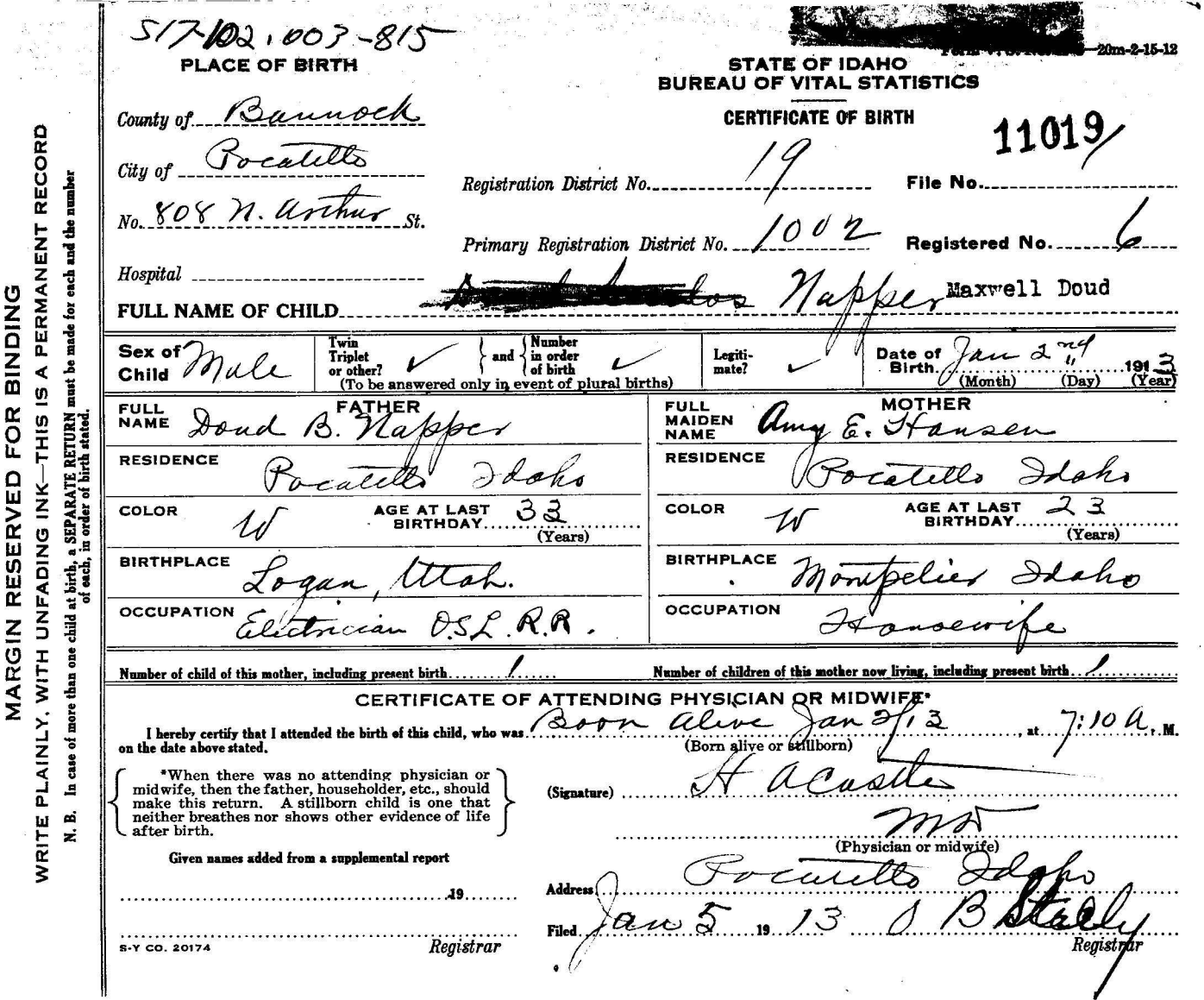
BIRTHDAY

(Years)

BIRTHPLACE

RESERVED F

PLEASE PRINT



5-17-102.1003-815

PLACE OF BIRTH

20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11019

County of Bannock

City of Pocatello

No. 808 N. Arthur St.

Hospital

Registration District No. 19

Primary Registration District No. 1002

File No.

Registered No. 6

FULL NAME OF CHILD [redacted] Napper Maxwell Doud

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	✓	Jan 2nd 1913

FATHER		MOTHER	
FULL NAME	Doud B. Napper	FULL MAIDEN NAME	Amy E. Hansen
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Logan, Utah.	BIRTHPLACE	Montpelier Idaho
OCCUPATION	Electrician O.S.L.R.R.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 2/13, at 7:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 5 19 13 A B Stanley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

485-102-003-751

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 858 N. Main St.

Registration District No. 19

File No. 11020

Primary Registration District No. 1012

Registered No. 7

Hospital

FULL NAME OF CHILD Charles Ward Myers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 2nd, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James R Myers	Margaret E. Peake
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	34
BIRTHPLACE	Ogden Utah	Broken Head, England.
OCCUPATION	Engineer (Locomotive)	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 2/13, at 7:55 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A D Castle M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 5 1913

O B Straley
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 14 1957

MAR 5 1970

754-103.003-239

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 453 S. Arthur Ave. St.

Hospital ----------

Registration District No. 19

Primary Registration District No. 1002

File No. 11023

Registered No. 10

FULL NAME OF CHILD ~~Gemmell.~~ FRANK STIRLING GEMMELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male.	----	----	Yes.	Jan. 13rd (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: David Gemmell.	FULL MAIDEN NAME: Agnes Stirling.
RESIDENCE: 453 S. Arthur Ave.	RESIDENCE: 453 S. Arthur Ave.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Ayreshire, Scotland.	BIRTHPLACE: Lanarkshire, Scotland.
OCCUPATION: Sheep Owner.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 5th.

Number of children of this mother now living, including present birth 4th.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.
(Physician ~~or midwife~~)

Address Pocatello Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 5 19 13 E B Starly
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO AUG 4 1943

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 11023

State of ..... } ss.
County of ..... }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth ~~or Death~~)

for ..... (Name on Original Certificate) who ..... (Was Born ~~or Died~~) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Frank Stirling Gemmell
JAN 3rd 1913		
FRANK STIRLING GEMMELL		

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of July, 1943

N. A. Jordan

Notary Public, residing at Pocatello, Idaho

My commission expires August 12, 1946
(Seal)

Signed John Stirling
(Signature of Any Credible Person Other Than Previous Year)

216 N 8th Pocatello, Idaho
(Street Address, City, State)

AUG 6 1948

APR 2 3 1976

38-213.003-816

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 1122 N. Harrison. St.

Hospital ----------

Registration District No. 19 File No. 11024

Primary Registration District No. 1002 Registered No. 11

FULL NAME OF CHILD Chaffee.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female.	--- and Number in order of birth ----	Yes.	Jan. (Month) 13 (Day) 1913. (Year)

FATHER	MOTHER
FULL NAME: George E. Chaffee.	FULL MAIDEN NAME: Annie Hjort.
RESIDENCE: 1122 N. Harrison.	RESIDENCE: 1122 N. Harrison.
COLOR: White. AGE AT LAST BIRTHDAY: 37 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Fontanelle, Iowa.	BIRTHPLACE: Denmark.
OCCUPATION: Bottler.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 5th.

Number of children of this mother now living, including present birth: 4th.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~) at 2:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. J. Howard M.D.

(Physician or ~~midwife~~)

Address Pocatello Ida

Filed Jan 15 1913 O. B. Sterly Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 0 1970

915.11 [redacted]

[redacted] 070

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bannock. CERTIFICATE OF BIRTH

City of Pocatello. Registration District No. 19 File No. 11025

No. 1356 N. Arthur. St. Primary Registration District No. 1002 Registered No. 12

Hospital ----- Lewis

FULL NAME OF CHILD Raymond L. Randall.

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male.	---		---	Yes.	Jan. 14 1913
	(To be answered only in event of plural births)				(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Jesse DeWitt Randall.	FULL MAIDEN NAME: Maude Sheffield.
RESIDENCE: 1356 N. Arthur.	RESIDENCE: 1356 N. Arthur.
COLOR: White. AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: York County, Nebraska.	BIRTHPLACE: Sheridan, Wyoming.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1st.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2: 45A m. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or ~~mid wife~~)

Address Pocatello Ida

Given names added from a supplemental report

..... 19.....

Filed Jan 15 19 13

..... Registrar

S-Y CO. 20174

J B Starley Registrar

PLACE OF BIRTH

DEC 30 1969

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

967-121.003-683

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 85 65. 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11026 /

Primary Registration District No. 1002 Registered No. 14

FULL NAME OF CHILD William Nephi Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Jan. 21 1913

FATHER		MOTHER	
FULL NAME	Nephi Cox	FULL MAIDEN NAME	Dadie Williams
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	New Zealand	BIRTHPLACE	Provo, Utah -
OCCUPATION	Car Inspector	OCCUPATION	Housewife -

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Jan 21, at 10:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 25 19 13 O. B. Sturly
Registrar

S-Y CO. 20174

Form V. S. No. 21-C—20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of Bannock)

RESIDENCE

Pocatello, Idaho

COLOR: White

AGE AT LAST BIRTHDAY (Years): 24

BIRTHPLACE

Pocatello, Idaho

COLOR: White

AGE AT LAST BIRTHDAY (Years): 27

BIRTHPLACE

U. S. A.

ALL RIGHTS RESERVED

155-110-003-245

Amended 4/9/41

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11027
Local Reg. No. 13
Reg. Dist. No. 19

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 708 N. Arthur

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Harold b. (Middle): Benjamin c. (Last): Jenne

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Jan. 10, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Fred b. (Middle): C. c. (Last): Jenne

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
25 YEARS	Shoshone, Idaho	Baker	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Suless b. (Middle): Lorene c. (Last): Gunter

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
21 YEARS	S. Carolina, (Swancey)			

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. A. M. Newton

19. ADDRESS: Pocatello, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.	22. REGISTRAR'S SIGNATURE	23. DATE ON WHICH GIVEN NAME ADDED
Jan. 25, 193	O. B. Steely	BY ____ Registrar

ITAL STATISTICS, BOISE, IDAHO.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11027/

County of Bannock

City of Pocatello — Registration District No. 19 — File No.

No. 708 N. Arthur St. — Primary Registration District No. 1002 — Registered No. 13

Hospital — Harold Benjamin Jenne

FULL NAME OF CHILD — ~~Xxxxxxxxx~~ Jenne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
~~Male~~ female			yes	Jan 10 ~~xxx~~ (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Fred C. ~~Jenne~~

RESIDENCE: Pocatello, Idaho

COLOR: white — AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Shoshone Idaho

OCCUPATION: Baker

MOTHER

FULL MAIDEN NAME: ~~Xxxxxxx~~ Suless Lorene Gunter

RESIDENCE: Pocatello, Idaho

COLOR: white — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Swancey S. Carolina

OCCUPATION: Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan. 18. born alive (Born alive or stillborn) at 6:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 25 19 13 — O B Steele
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

FULL NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

Please have the notary affix her seal to this affidavit. Also state the mother's first name. We cannot read the handwriting.
Bureau of Vital Statistics

APR 9 1941

State of California)
County of Los Angeles) ss

TO: BUREAU OF VITAL STATISTICS
BOISE, IDAHO

Suless Loreen

We, Fred Jenne and ~~Irene~~ Gunter Jenne, being both duly sworn, severally and separately say that: we reside at 6422 Lankershim Blvd, North Hollywood, California, and that

You have on record the birth of a girl, Born Jan. 18,1913 #11027 to Fred Jenny and Irene Gunther. The correct information should be

Name of Child Harold Benjamin Jenne

Born Jan. 10, 1913 at Pocatello, Idaho

Name of Father: Fred Jenné (Not Jenny)

Father's birthplace Sho Shone Idaho

Age at time of child's birth 26

~~Occupation " " "~~ Baker

RECEIVED
APR 23 1941

Suless Loreen
Maiden Name or Mother ~~Irene~~ Gunter

Birthplace of Mother Swancey S.C.

Age at child's birth 20

Occupation " " housewife

This child was the first child born to this couple, and was a male child and not a girl as recorded in your records.

When you have made the necessary corrections, will you therefore kindly send me a copy of the birth for which I enclose Money Order for 50¢

~~You~~ AFFIANT - Fred. C. Jenné.
Fred Jenne

AFFIANT - Suless Loreen Gunter Jenne
~~Irene~~ Gunter Jenne

Subscribed and sworn to this
3rd day of April 1941

Blanche G. Farrand
Notary Public
My commission expires 11/27/41

Send certificate to wife:
Mrs. H.B.Jenne
5716 Fulcher ave.
North Hollywood, Ca

8 1974 100

3-69-21-0034-15

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—2M-2-15-12

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello Ida

No. 303 S. 5th Ave. St.

19

Registration District No. _____ File No. 11028

Primary Registration District No. 1002 Registered No. 15

Hospital _____

FULL NAME OF CHILD Louise Largelliere

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Jan. 21st, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Edgar N. Largelliere	FULL MAIDEN NAME	Kate Cook Dunlap
RESIDENCE	Soda Springs, Ida.	RESIDENCE	Soda Springs, Ida.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Evanston Wyo	BIRTHPLACE	Idaho Falls, Ida.
OCCUPATION	Banker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 21/13 at 6:40 A. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle
M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 25 19 13 J B Shirley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 21 1962

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 27 1943

593 D.V. 1003-695

PLACE OF BIRTH

Bannock

City of Pocatello

No. 616 N. Grant St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11029

Primary Registration District No. 1002 Registered No. 16

FULL NAME OF CHILD Henry Alfred Nickle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Jan 21 1913

FATHER		MOTHER	
FULL NAME	John A. Nickle	FULL MAIDEN NAME	Katie A French
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE		BIRTHPLACE	Minidoka Minn.
OCCUPATION	Pipe-man Gas Works	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Jan 21 19 13, at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 25 19 13 O B Sterly
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 6 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 11029

552-124 003-5-42

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 414 E. Center St.

Hospital Pocatello General -

Registration District No. 9

Primary Registration District No. 1002

File No. 11030 /

Registered No. 17

FULL NAME OF CHILD Gregorio Eusuisa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Jan. 24 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Gregorio Eusuisa	FULL MAIDEN NAME: Lillie Eusuisa
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: Greek	COLOR: Greek
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Greece.	BIRTHPLACE: Greece
OCCUPATION: Laborer in Shops.	OCCUPATION: Housewife -

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan 24, 1913 at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. M. Newton

(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 25 1913 J B Straley

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	Meridian, Idaho
COLOR	White
AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	[illegible]

RESIDENCE	Meridian, Idaho
COLOR	White
AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	[illegible]

366 109.003.433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 41 N. Harrison St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

19 11031

Registration District No. File No.

Primary Registration District No. 1002 Registered No. 18

FULL NAME OF CHILD Baby Toomey.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 9th 1913

FATHER

FULL NAME Timothy Toomey

RESIDENCE Pocatello

COLOR White AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Ireland

OCCUPATION Section foreman

MOTHER

FULL MAIDEN NAME Ida M. McCoy

RESIDENCE Pocatello

COLOR White AGE AT LAST BIRTHDAY 37 (Years)

BIRTHPLACE Illinois

OCCUPATION Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Sturly

M. D. (Physician or midwife)

Address Pocatello Idaho

Filed Jan. 25 19 13 O L Sturly Registrar

Given names added from a supplemental report

19

Registrar

8-Y CO. 20174

293218 1003-381

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 144 N Lincoln St.

Registration District No. 19 File No. 11032

Primary Registration District No. 1002 Registered No.

Hospital

FULL NAME OF CHILD Mildred Ethel Sill

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) Jan (Day) 18 (Year) 1913

FATHER

FULL NAME: Lester A. Sill

RESIDENCE: 144 N Lincoln

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Blackfoot

OCCUPATION: Express Agt.

MOTHER

FULL MAIDEN NAME: Nellie Odette Chapin

RESIDENCE: 144 No Lincoln

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Lodi Wisconsin

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Sturdy M D (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 25 1913 O B Sturdy Registrar

S-Y CO. 20174

..... Registrar

JAN 5 1942

893-103-003-632

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1220 N. Harrison St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11038

Primary Registration District No. 1002 Registered No. 25

FULL NAME OF CHILD David Earl Hiltbrand

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Jan. 9 1913

FATHER		MOTHER	
FULL NAME	David Hiltbrand	FULL MAIDEN NAME	Ida Matilda Olson
RESIDENCE	1220 N. Harrison	RESIDENCE	1220 N. Harrison
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Sweden
OCCUPATION	Carpentry	OCCUPATION	housekeeping

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carrie Bird

Midwife (Physician or midwife)

Address 705 S. Main

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 29 19 13 O B Straley
Registrar

S-Y CO. 20174

MAR 27 1970

Amended 8-20-57

PLACE OF BIRTH

380-205-003-753

County of Bannock

City of Pocatello

No. 857 So. Main St.

Hospital home

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11039

Primary Registration District No. 1002 Registered No. 26

FULL NAME OF CHILD Evelyn Thompson
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	January 5, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Albert Thompson	FULL MAIDEN NAME	Viola Pellum
RESIDENCE	857 So. Main St.	RESIDENCE	857 So. Main St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Illinois
OCCUPATION	Farming	OCCUPATION	Housekeeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Mrs. Annie Bird

Midwife
(Physician or midwife)

Address 905 So. Main St. - Pocatello, Ida.

Filed Jan. 29, 1913 O. B. Steely
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 85-7 So. Grass St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11039

Primary Registration District No. 1002 Registered No. 26

FULL NAME OF CHILD Orvilla Thompson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Jan 5 1913

FATHER		MOTHER	
FULL NAME	Albert Thompson	FULL MAIDEN NAME	Viola Pellum
RESIDENCE	85-7 So. Main St	RESIDENCE	85-7 So. Main St
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Ill.
OCCUPATION	farming	OCCUPATION	housekeeping

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 29 1913

O B Starly
Registrar

8-Y CO. 20174

AUG 20 1957

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
AUG 15 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Bannock }

Certificate No. 11039

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Orvilla Thompson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 5, 1913 (Date of Event)
in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Record (Bible Record, Insurance Policy, Etc.) prepared on obviously very old viewed by v.s. (Give Date), are:
Cert. #315841

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Orvilla Thompson	Evelyn Thompson

Viola Thompson

Subscribed and sworn to before me this 14th day of August, 1957

C. E. Yeamen

Notary Public, residing at Pocatello, Idaho
My commission expires February 20, 1960
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
224 Randolph Ave. Pocatello, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1957

C. E. Yeamen

Notary Public, residing at Pocatello, Idaho
My commission expires February 20, 1960
(Seal)

Signed Mrs. M. E. Rawlins ✓
(Signature of Any Credible Person)
356 So. 6th Pocatello, Idaho
(Street Address, City, State)

FORM DPH 55.155

L 6-14-57 1 copy pd

212-122-003-254

Form V. S. No. 11-C—30m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 436 So. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 11040

Primary Registration District No. 1002

Registered No. 27

FULL NAME OF CHILD Herbert Babbatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard L Babbatt	Etta Kempton
RESIDENCE	436 So. Hayes	436 So. Hayes
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	39	31
BIRTHPLACE	Utah	Idaho
OCCUPATION	farming	housekeeping

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn), at 12:8 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Anna Bird

Midwife (Physician or midwife)

Address 405 S Main

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 29 19 13 J B Starley
Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 10 1950

AUG 2 8 1957

APR 1 1 1975

294-24 [redacted]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

Registration District No. 19

File No. 11041

No. Hospital St.

Primary Registration District No. 1002

Registered No. 28

Hospital Pocatello General

FULL NAME OF CHILD Robert Wagner Bruns

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 24, 1913

	FATHER	MOTHER
FULL NAME	John Franklin Bruns	FULL MAIDEN NAME Rose Wagner
RESIDENCE	Pocatello, Idaho	RESIDENCE Pocatello
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE Wisconsin
OCCUPATION	Forest Service Supervisor	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) on the date above stated, at 12:50 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKay

(Physician ~~or Midwife~~)

Address Pocatello Ida.

Given names added from a supplemental report

....., 19.....

Filed July 2 1913 O. B. Steele

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1942

745 223.003-849

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1306 S. 3rd St.

Hospital —

Registration District No. 19 File No. 11042

Primary Registration District No. 1002 Registered No. 29

FULL NAME OF CHILD

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Jan. 23 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John T. Green	FULL MAIDEN NAME	Ettie Bell Hurt
RESIDENCE	1306 S. 3rd.	RESIDENCE	1306 S 3rd.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Birmingham Eng.	COLOR	White
OCCUPATION	Laborer Builders.	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Casper, Wyo.
		OCCUPATION	Gen'l.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or ~~midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed Feby 2 1913

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

755-11246 03-439

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 445 N. 4th St.

Hospital —

Registration District No. 19 File No. 11043

Primary Registration District No. 1002 Registered No. 30

FULL NAME OF CHILD ROBERT RALPH GEER

Sex of Child: Male

Twin or Triplet or other? — and Number in order of birth —
(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Jan. (Month) 17 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Ralph William Geer	FULL MAIDEN NAME: Eva M. Lovain.
RESIDENCE: 445 N. 4th Ave	RESIDENCE: 445 N. 4th Ave
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Arimo, Idaho	BIRTHPLACE: Viola, Wyo.
OCCUPATION: Clerk Pool Hall	OCCUPATION: Waitress

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:25 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Minnie F. Howard M.D.

(Physician ~~or midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb 19 13

Jan 30

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 11043

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Robert Ralph Geer (Name on Original Certificate) who was born (Was Born or Died) on January 17, 1913 (Date of Event) in Pocattelo, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Robert R. Geer
Robert Ralph Geer		

Subscribed and sworn to before me this 24th day of February, 1942., 19

Notary Public, residing at Twin Falls, Idaho

My commission expires January 28, 1944.
(Seal)

Signed Ralph William Geer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R.F.D. Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 19 42.

Notary Public, residing at Twin Falls, Idaho

My commission expires January 28th, 1944.
(Seal)

Signed Ralph William Geer
(Signature of Any Credible Person Other Than Previous Year)

R.F.D. Twin Falls, Idaho.
(Street Address, City, State)

FEB-29 19[illegible]

MAR 3 19[illegible]

JUN 16 1942

235 · 110 · 003 · 818

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock.

City of Pocatello.

No. 1150 S. 1st. Ave.

Hospital ----------

Registration District No. 19 File No. 11044

Primary Registration District No. 1002 Registered No. 31

FULL NAME OF CHILD Stewart.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	----	----	Yes.	Jan. 10 1913

FATHER	MOTHER
FULL NAME: Carl Stewart.	FULL MAIDEN NAME: Grace Hayes.
RESIDENCE: 1150 S. 1st. Ave.	RESIDENCE: 1150 S. 1st. Ave.
COLOR: White.	COLOR: White.
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Bitterroot, Montana.	BIRTHPLACE: Evanston, Wyoming.
OCCUPATION: Drayman.	OCCUPATION: Housewife.

Number of child of this mother, including present birth 4th.

Number of children of this mother now living, including present birth 3rd.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1: 30 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M D

(Physician ~~or midwife~~)

Address

Given names added from a supplemental report

19

Registrar

Filed Jan 30 1913

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock.

552-2302 003-556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Inkom

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 19 — File No. 11045

Primary Registration District No 1002 — Registered No. 32

FULL NAME OF CHILD Mary Ada Nestor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan. 30 1913

FATHER		MOTHER	
FULL NAME	Marion Nestor	FULL MAIDEN NAME	Ethel Newby
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Domestic

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

Midwife (Physician or Midwife)

Address Inkom Idaho

Given names added from a supplemental report

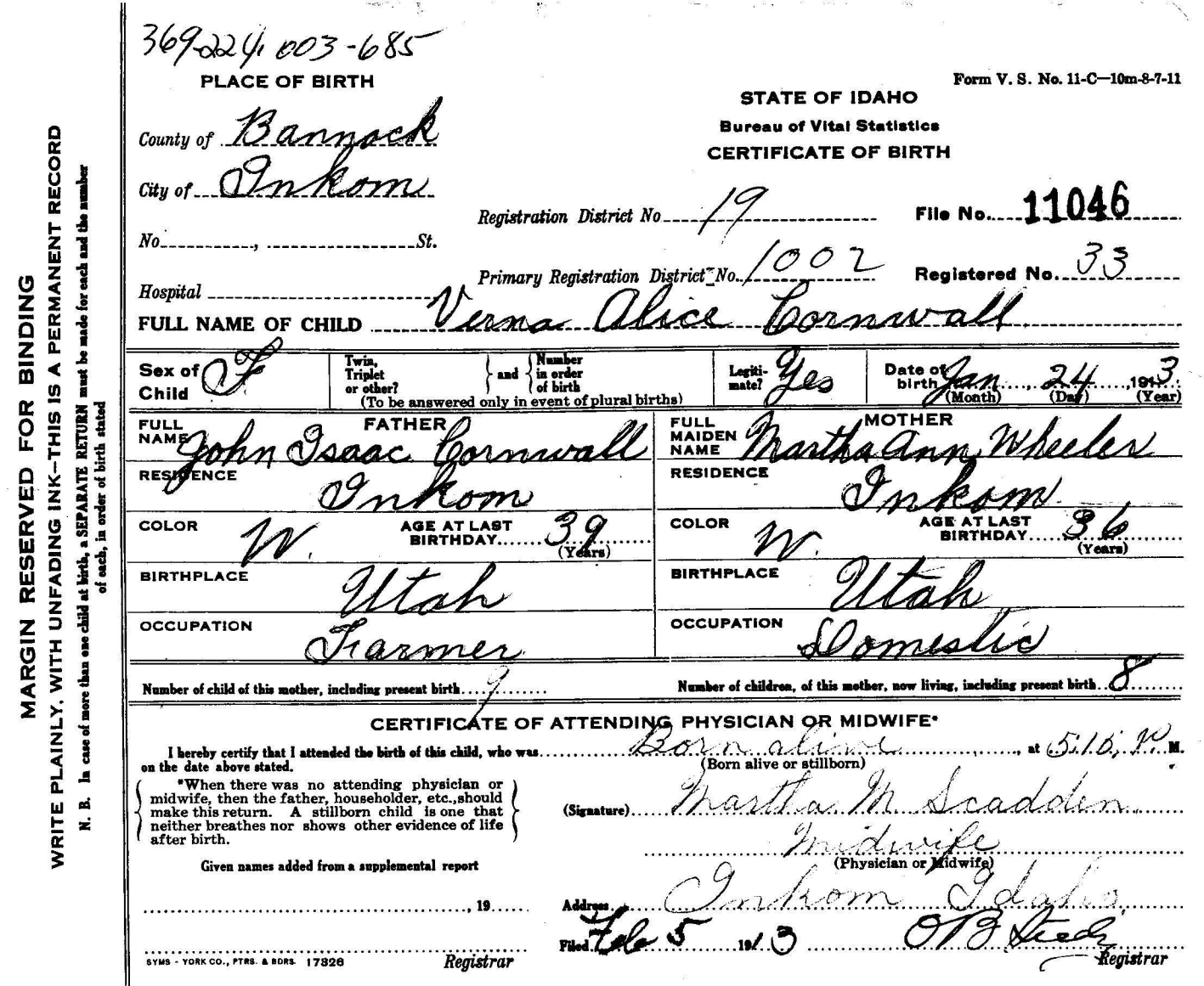
____, 19____

____ Registrar

Filed 2-5 1913 O. B. Stacy Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 4 1959



369-224, 003-685

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Inkom

No ....., ... St.

Registration District No 19 File No. 11046

Primary Registration District No. 1002 Registered No. 33

Hospital .....

FULL NAME OF CHILD Verna Alice Cornwall

Sex of Child F

Twin, Triplet or other? } and { Number in order of birth

(To be answered only in event of plural births)

Legitimate? Yes

Date of birth Jan. (Month) 24 (Day) 1913 (Year)

FATHER

FULL NAME John Isaac Cornwall

RESIDENCE Inkom

COLOR W. AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Martha Ann Wheeler

RESIDENCE Inkom

COLOR W. AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Domestic

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha M. Scadden

Midwife (Physician or Midwife)

Address Inkom Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 5 1913

O. J. Steed Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE	RESIDENCE
COLOR AGE AT LAST BIRTHDAY ..... (Years)	COLOR AGE AT LAST BIRTHDAY ..... (Years)

295·130·003-466

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 905 S. Main St.

Hospital Maternity Hosp.

Registration District No. 19

File No. 11047

Primary Registration District No. 1002

Registered No. 34

FULL NAME OF CHILD Timothy Francis Kinney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 30th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John J. Kinney	Mary A. Moore
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	46	42
BIRTHPLACE	Raundout Pa	Woodriver, Neb.
OCCUPATION	Engineer Stationary	Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 30/13, at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Curtis M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Feby 5 1913

O B Keach
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 10 1967

965 131-009-492

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 212 N Johnson St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11048

Primary Registration District No. 1007 Registered No. 35

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	✓	Yes	Jan 31st 1913

FATHER		MOTHER	
FULL NAME	Adolph Gustav Zweigart	FULL MAIDEN NAME	Grace Loretta DeBell
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Lyons, Iowa.	BIRTHPLACE	Emporia, Kansas.
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 31st 1913 at 8:25A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed July 5, 1913 O B Keedy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 6 1974

393.120.003-291

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 650 N. Arthur St.

Hospital ———

Registration District No. 19 File No. 11049

Primary Registration District No. 1002 Registered No. 36

FULL NAME OF CHILD Ralph O. Titus

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Jan. 20 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph E. Titus	FULL MAIDEN NAME	Katie Brandtner
RESIDENCE	650 N. Arthur	RESIDENCE	650 N. Arthur.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Reedsburg, Wis.	BIRTHPLACE	Shoshone, Idaho.
OCCUPATION	Chief Jr. Dispatcher	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at (Born alive or stillborn), at 5 P. M. on the date above stated.

(Signature) W. F. Howard, M.D.

(Physician or ~~midwife~~)

Address

Filed Jan 26 1913

O. J. Steely
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 29 1944

199-102-020-C

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 11091

No. —, St.

Primary Registration District No. 2020 Registered No. 1

Hospital —

FULL NAME OF CHILD Pedro Arrisabalaga

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	Twin (To be answered only in event of plural births)	4	yes	Jan. 2nd, 1913

FATHER		MOTHER	
FULL NAME	Juan Arrisabalaga	FULL MAIDEN NAME	Mardi Daseolka
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathes

Physician

(Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed Jan. 4th, 1913 B. W. Mathes

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-29-42

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

199-202-020-412

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 11092

County of Elmore

City of Mountain Home Registration District No. 20

No. ——, —— St.

Primary Registration District No. 2020 Registered No. 2

Hospital ——

FULL NAME OF CHILD Josepha Arriaabalaga

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	5	yes	Jan. 2nd, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Juan Arriaabalaga	Marli Daseolka
RESIDENCE	Mountain Home	Mountain Home
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	Spain	Spain
OCCUPATION	Sheepman	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Walker

Physician

(Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed Jan. 4th, 1913 B. W. Walker Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

236-125-020-314

PLACE OF BIRTH

County of Elmore

City of Mtn Home

No. —— St.

Hospital ——

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 11093

Primary Registration District No. 2020 Registered No. 3

FULL NAME OF CHILD Max allen Stoker

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	1 25 1913

FATHER		MOTHER	
FULL NAME	James Britt Stokes	FULL MAIDEN NAME	Maud Alice Laughlin
RESIDENCE	Mtn Home Ida.	RESIDENCE	Mtn Home Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Wayne Co. Iowa	BIRTHPLACE	Greenwood Co. Kansas
OCCUPATION	Farmer	OCCUPATION	House keeper

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HOWE

Midwife

(Physician or midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed Jan 29th, 1913

B. C. Walker
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

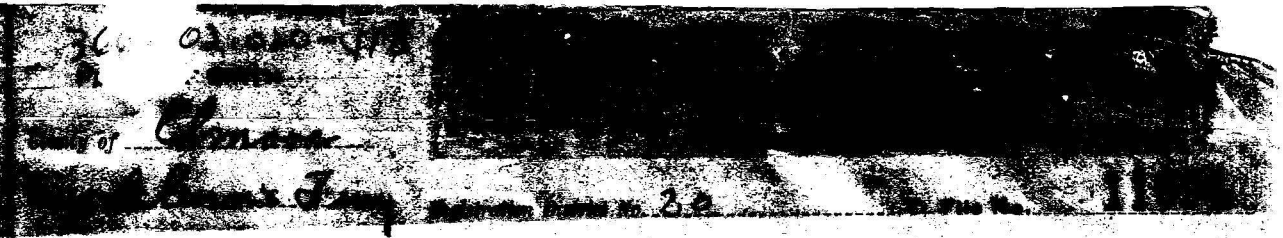
RESIDENCE

COLOR | AGE AT LAST BIRTHDAY (Years)

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



No. ____, ____ St.

Primary Registration District No. 2021 Registered No. 4

Hospital ____

FULL NAME OF CHILD Robert Earl ~~Cook~~ Cook

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	single	2	yes	Jan. 2nd 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Edward ~~Cook~~ Cook	Zella May
RESIDENCE	Glenn's Ferry	Glenn's Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	18
BIRTHPLACE	Omaha, Nebraska America	Chicago, Illinois America
OCCUPATION	Engineer Locomotive	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 2nd 1913 at 7.15 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Dair M. D.

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report ____, 19____

Filed Jan. 2nd, 1913 ~~H. L. Cook~~ B. W. Mather Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued October 24, 1940. E.W.

11094

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
DIVISION OF PUBLIC HEALTH
BUREAU OF VITAL STATISTICS

STATE OF Idaho)
) SS.
COUNTY OF Ada.)

AFFIDAVITS FOR CORRECTION OF A RECORD

F. C. Ingersoll of Boise, Idaho

Being first duly sworn, deposes and says that he is ~~Grandfather~~ Friend
(if related, specify degree,

of Robert Earl Cool
if friend or otherwise, so state)

who was born in the city of Glenns Ferry, County of Elmore
(was born, died)

on the 2nd day of January, 1913, as stated in a certificate of birth
birth or

filed by J. W. Davis, M.D.
death (name of physician or midwife, or undertaker for death)

with the Local Registrar for the city of Glenns Ferry, County of Elmore

Idaho, on the 2nd day of Jan 1913.

That the following facts set forth in said certificate are not correctly stated therein, to wit: Surname: Cool

Birth place of father: America

Birth place of mother: America

That affiant upon his own knowledge states the true facts to be,
his, her

and the changes necessary to make the record correct are, as follows,

Surname of father and child: Cook

Birthplace of father: Omaha, Nebraska Birthplace of mother: Chicago, Illino

(SEAL)

Affiant F. C. Ingersoll

Address 1210 N 8th Boise Ida

Subscribed and sworn to before me this 14th day of October 1940.

Leo Dawson
Notary Public

STATE OF Idaho.)
) SS. SUPPORTING AFFIDA
COUNTY OF Ada.)

Grace A. Wayland of Boise Idaho.

being first duly sworn, deposes and says that she has knowledge of the facts hereinbefore alleged and that the said facts as stated are true.

Affiant Grace A. Wayland

Address 1210 N 8th Boise Idaho

Subscribed and sworn to before me this 14th day of October 19

(Seal)

Leo Dawson
Notary Public

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the num of each, in order of birth stated

Registration District No. 20 File No. 11078

No. ....., ... St.

Primary Registration District No. 2041 Registered No. 5

Hospital .....

FULL NAME OF CHILD Arnold Stanton Johnson

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single	1	Yes	Jan. 21st, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Edward A. Johnson	FULL MAIDEN NAME: Edna Griffith
RESIDENCE: Elmira's Town	RESIDENCE: Elmira's Town
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Civil Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth ..1.. Number of children, of this mother, now living, including present birth ..1..

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan. 21st, 1913, at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician (Physician or Midwife)

Address Elmira's Town Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 21st 1913

B. W. Mather Registrar

.....
Registrar

S-Y CO., 16670

MAR 16 1962

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MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Elmore

City of Tuscola

No. ..... St.

Hospital .....

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 11096

Primary Registration District No. 2021 Registered No. [redacted]

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	3	Yes	Jan 30th, 1913

FATHER		MOTHER	
FULL NAME	L. J. Crawford	FULL MAIDEN NAME	Olive Duncan
RESIDENCE	Tuscola	RESIDENCE	Tuscola
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Jan 31st 1913, at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. W. Davis M. D.

Physician
(Physician or Midwife)

Address Elmira Jenny Davis

Filed Jan-31st 1913

Dr. Davis
Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V.S. No. II-C-1pm-0-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

46922 609366

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

Registration District No. 8

File No. 11145

No. ____, ____ St.

Primary Registration District No. 2036

Registered No. 277

Hospital ____

FULL NAME OF CHILD Esther Hazel Mouse

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	Jan. 26, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl H. Mouse	Hazel Coffin
RESIDENCE	Priest River	Priest River
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	20
BIRTHPLACE	Canada	Michigan
OCCUPATION	Tailor	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 5:05 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Bracey M.D.

(Physician or Midwife)

Address Priest River, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 6 1913

.....
Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

NAME OF CHILD

FULL NAME

RESIDENCE

COLOR

BIRTH

MARGIN RESE
WITH LINE FACING

251-121009-7

PLACE OF BIRTH

[redacted]

No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Priest River

Registration District No. 8

File No. 11146

No. ____, ____ St.

Primary Registration District No. 2036

Registered No. 276

Hospital ____

FULL NAME OF CHILD Preston Rudolph Beardmore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	yes	January 21, 1913

FATHER		MOTHER	
FULL NAME	Charles W. Beardmore	FULL MAIDEN NAME	Lucy Garman
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Hotel Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Bracy, M.D.

(Physician or Midwife)

Address Priest River, Idaho

Given names added from a supplemental report

....., 19....

Filed Feb. 6 1913 B. McKinnon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

789-414 : 009-563

PLACE OF BIRTH

STATE OF IDAHO

U. S. No. 41-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of ____ Registration District No. 8 File No. 11147

No. ____, ____ St. Primary Registration District No. 2036 Registered No. 273

Hospital ____

FULL NAME OF CHILD ~~Gooseberry~~ ROMAYN HOWARD Philes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6	yes	Jan 14, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. S. Philes	Hattie Noland
RESIDENCE	Bonner Co.	Bonner Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	47	31
BIRTHPLACE	New York	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-50 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Bussey M D

(Physician or Midwife)

Address Priest River, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb. 6 1913 M. McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

Certificate No. 11147

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Romayn Howard Philes (Name on Original Certificate) who was born (Was Born or Died) on Jan. 19, 1913 (Date of Event)
in Priest River (Place of Event) ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Romayn Howard Philes

Subscribed and sworn to before me this 1st
day of June, 1942

Notary Public, residing at Tacoma
My commission expires May 10, 1946
(Seal)

Signed Hattie B Philes Pomeroy.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
7227 So. Fawcett Tacoma Wn.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pierce }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st
day of June, 1942

Notary Public, residing at Tacoma
My commission expires May 10, 1946
(Seal)

Signed Dorsey C. Philes
(Signature of Any Credible Person Other Than Previous Year)
914 So. 63rd St. Tacoma Wn
(Street Address, City, State)

JUN 4 1942

JUN 8 1942

955-213-009-261

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

No. ____, ____ St.

Hospital ____

Registration District No. 8

File No. 11148

Primary Registration District No. 2035

Registered No. 292

FULL NAME OF CHILD Bardella Reems.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	1 (To be answered only in event of plural births)	6	Yes	Jan. (Month) 13 (Day), 1913 (Year)

FATHER	MOTHER
FULL NAME: Frank Reems.	FULL MAIDEN NAME: Etta Swaim
RESIDENCE: Hope, Idaho	RESIDENCE: Hope, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Preston, Minn.	BIRTHPLACE: Delphi, Ind.
OCCUPATION: Mill-man	OCCUPATION: Housewife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 P.M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Pyle M.D.

Physician (Physician or Midwife)

Address Hope, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Feb 6 1913 M. McGuinness

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 1958

JUN 7 1972

613-105-009-463

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Private

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11149

Primary Registration District No. 2033 Registered No. 271

FULL NAME OF CHILD Wayne Borden Walker

Sex of Child: Male

Twin, Triplet, or other? Single (To be answered only in event of plural births) Number in order of birth

Legitimate? Yes

Date of birth: Jan. (Month) 5 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wallis R Walker	FULL MAIDEN NAME	Stella Ray Mott
RESIDENCE	Valley Ida	RESIDENCE	Valley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mt Grove Mo	BIRTHPLACE	Grafton Nebr
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth Three

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan. 5 1913, at 1:00 a. m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred W Dreier M D

Nampa, Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb 6 1913 M McKinnon

Registrar

S-Y CO., 16670

AUG 19 1960

533216009-546

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner.

City of Sandpoint,

No. 514 Second St.

Hospital City,

Registration District No. 8 File No. 11150

Primary Registration District No. 2033 Registered No. 274

FULL NAME OF CHILD Edna Mary Elliott.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 16, 1913

FATHER		MOTHER	
FULL NAME	Walter Elliott	FULL MAIDEN NAME	Rosemond Edwards
RESIDENCE		RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Correctionville, Iowa.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth...One...

Number of children, of this mother, now living, including present birth...One...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Seymour M D

(Physician or Midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 6 1913 M McKinnon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 27 1966

962-216-002-003

PLACE OF BIRTH

OF IDAHO

Form V. S. No. 1

...tal Statistics

...OF BIRTH

File No. 11151

County of Boun...

City of Priest R...

No. ....., ... St.

Primary Registration District No. 2033 Registered No. 275

Hospital .....

FULL NAME OF CHILD Reva May Robinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 16, 1913

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	
RESIDENCE	Priest River	RESIDENCE	Priest River
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. C. Busey M. D.

(Physician or Midwife)

Address Priest River

Given names added from a supplemental report

....., 19.....

Filed Feb. 6 19.13 M McKinnon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 NO PARENT SEE DC

215-2201009-466

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint,

No. 514 Second, St.

Hospital City.

Registration District No. 8

File No. 11152

Primary Registration District No. 2033

Registered No. 295

FULL NAME OF CHILD Mary Louise Sandborn.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			Yes.	Jan. 20, 191...

FATHER		MOTHER	
FULL NAME	William Dan Sandborn.	FULL MAIDEN NAME	Dollie Athelsia Moore
RESIDENCE	Cocolalla, Idaho.	RESIDENCE	Cocolalla, Idaho.
COLOR	White	COLOR	White.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Wisconsin.	BIRTHPLACE	Timberline, Mont.
OCCUPATION	Rancher.	OCCUPATION	Housewife.

Number of child of this mother, including present birth... One...

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at Three P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. F. Payne M. D.

(Physician or Midwife)

Address

Given names added from a supplemental report

..... 19.....

Filed Feb. 6 1913 M. McKinnon

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 5 1974

961-206-609-113

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11153

Primary Registration District No. 2133 Registered No. 228

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	One	5	Yes	Jan 6 1913

FATHER		MOTHER	
FULL NAME	August Rogan	FULL MAIDEN NAME	Anna Jacobson
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Nor	BIRTHPLACE	Nor
OCCUPATION	Engineer	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. Kinnear

(Physician or midwife)

Address Sandpoint

Filed Feb. 6 1913 M. M. Kinnear Registrar

Given names added from a supplemental report

....19....

.... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

962-107100893

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11154

Primary Registration District No. 237 Registered No. 279

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	(To be answered only in event of plural births)			Jan 7 1913

FATHER	MOTHER
FULL NAME Earl C. Rasmussen	FULL MAIDEN NAME Lyda Hall
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minn	BIRTHPLACE Minn
OCCUPATION Lumber Grader	OCCUPATION Housework

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Kinney

Physician (Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Jan 16 1913 M. E. Kinney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ROSSMAN

Dupe of 1913 - 323212

666-1

PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8

Primary Registration District No. 2033

File No. 11155

Registered No. 280

FULL NAME OF CHILD HARRY HILTON WOODARD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	one	5	yes	Jan 18 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clarence Woodard	Vida A Simms
RESIDENCE	Sandpoint	Sandpoint
COLOR	Wht	White
AGE AT LAST BIRTHDAY (Years)	32	24
BIRTHPLACE	Ill	Ill
OCCUPATION	Plasterer	Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H H Mackinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

Filed first Feb 9-1913 19 13

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 26 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonner }

Certificate No. 11155
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Harry Hilton Woodard (Name on original certificate) who born (Was born or died) on Jan 18 1913 (Date of event)
in Sandpoint Ida (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by this statement (Bible record, insurance policy, etc.) prepared on Dec 17-1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Woodward	Woodard
Name	Unnamed	Harry Hilton Woodard

Subscribed and sworn to before me this 17th
day of Dec, 1941
Arthur E. Bowden
Notary Public, residing at Sandpoint, Ida
My commission expires Oct 6-1944
[SEAL]

Signed Clarence H. Woodard
(Signature of parent or attendant correcting a birth record; of attendant, funeral director, informant correcting a death record; or other credible person.)
Rte 2 Sandpoint, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

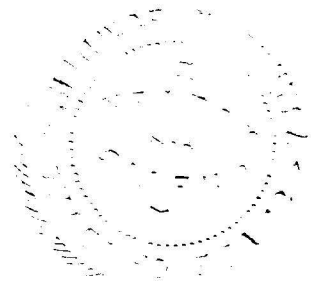
Subscribed and sworn to before me this 17th
day of December, 1941
Arthur E. Bowden
Notary Public, residing at Sandpoint, Ida
My commission expires Oct 6-1944
[SEAL]

Signed C. A. Stedtfeld
(Signature of any credible person other than the previous affiant.)
611 North Sixth
(Street Address, City, State)
Sandpoint, Idaho

Received for filing on DEC 26 1941 DEC 26 1941 By
(Registrar's signature)

MAY 1 4 1975

DEC 2 7 1941



[illegible] BUREAU OF [illegible] H-C

County of [illegible]

689-129-009-489

City of Sandpoint

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11157

No. Lake St.

Primary Registration District No. 2033 Registered No. ~~2883~~ 283

Hospital

FULL NAME OF CHILD Cecil W Hile

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	Jan 29 1913

FATHER

FULL NAME C. F. Hile

RESIDENCE Sandpoint

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Kansas

OCCUPATION Teamster

MOTHER

FULL MAIDEN NAME Nellie E. Myrott

RESIDENCE Sandpoint

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Minnesota

OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8-45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

..... 19.....

Filed Feb 9 1913 M McKinnon

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 26 1945

413-229-009-359

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bonner

City of Sandpoint

No. Lake St.

Hospital

AMENDED April 15, 1947

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11158

Primary Registration District No. 2033 Registered No. 284

FULL NAME OF CHILD Edna Matthiensen
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	January 29, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	J. P. Matthiensen	FULL MAIDEN NAME	Louisa Leithe
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Barber	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:20P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) M.McKinnon

Physician
(Physician or midwife)

Address Sandpoint, Idaho

Filed Feb.9 1913 M. M. McKinnon
192.. Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—5m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 11158

No. Lake St.

Primary Registration District No. 2033

Registered No. 284

Hospital

FULL NAME OF CHILD Etna Mathiesen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	Jan 29, 191.3

FATHER		MOTHER	
FULL NAME	J. P. Mathiesen	FULL MAIDEN NAME	Louisa Leithe
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Minn	BIRTHPLACE	Minn
OCCUPATION	Boiler	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician

(Physician or Midwife)

Address Sandpoint Ida

Given names added from a supplemental report

....., 19.....

Filed Feb. 7, 19 13 M McKinnon

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH - BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonner } ss.

Certificate No. 11158

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Edna Gladys Matthiensen (Name on Original Certificate) who born (Was Born or Died) on 29, Jan. 1913 (Date of Event)
in Sandpoint, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by parents knowledge of how there name is spelled. (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mathiensen	Edna Matthiensen
Surname	Mathiensen	Matthiensen

Subscribed and sworn to before me this 11th day of April, 1947

Notary Public, residing at Sandpoint, Idaho
My commission expires April 15, 1949
(Seal)

Signed Lorena H. Matthiensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

315 South Boyer, Sandpoint, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonner } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 1947

Notary Public, residing at Sandpoint, Idaho
My commission expires 4/15/49
(Seal)

Signed Evelyn E. Smith
(Signature of Any Credible Person)

102 N. Second Avenue, Sandpoint, Idaho.
(Street Address, City, State)

APR 16 1947

Form V. S. No. 11

County of [redacted]

City of Boise

Registration District No. [redacted] File No. 11159

No. Eichelberger St.

Primary Registration District No. 2003 Registered No. 41

Hospital

FULL NAME OF CHILD Mary Isabelle Young

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	Jan 24, 191[illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank E Young	Annie Martin
RESIDENCE	Eichelberger	Eichelberger
COLOR / AGE AT LAST BIRTHDAY (Years)	white / 43	white / 38
BIRTHPLACE	Nebr	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glaze

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

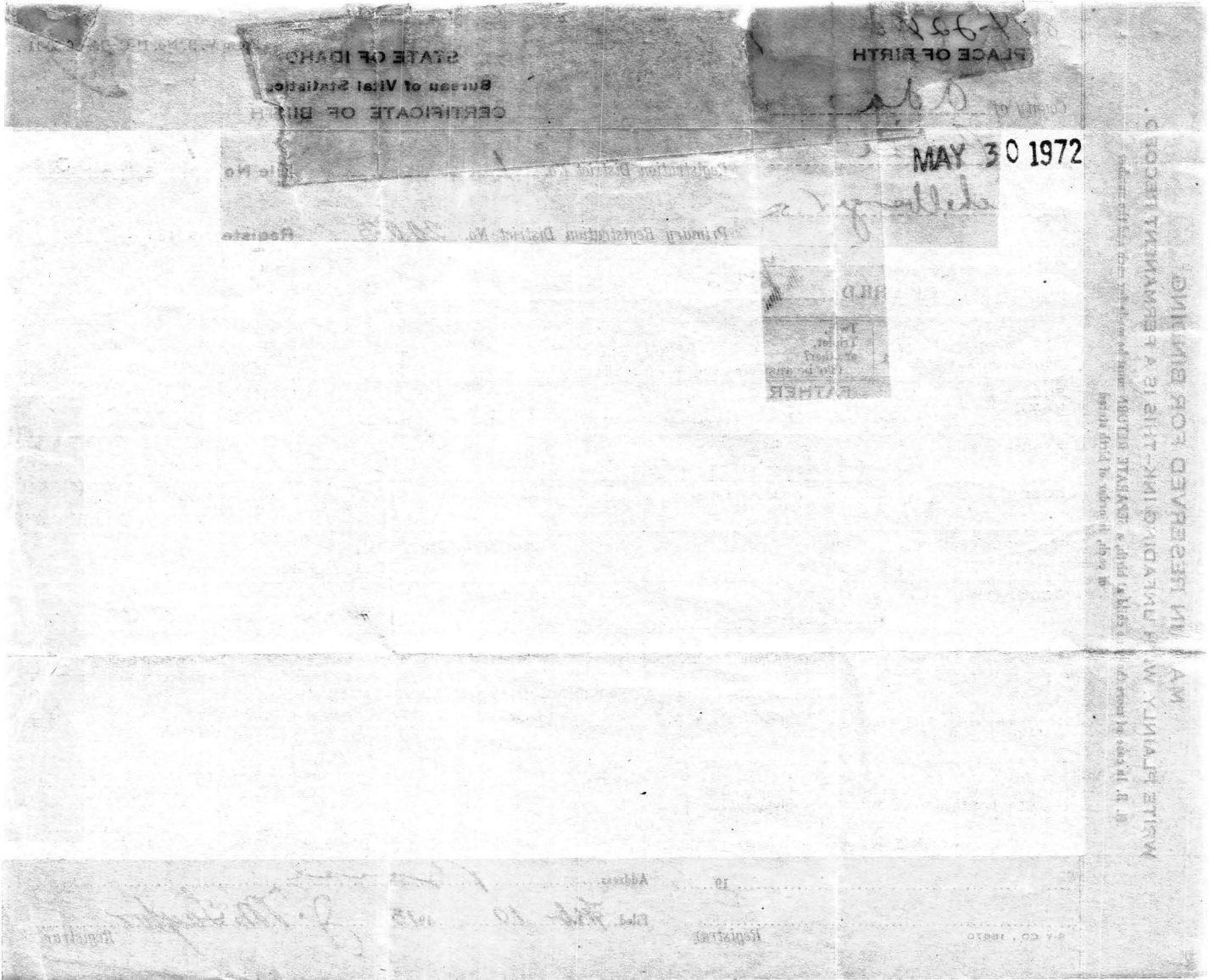
Filed Feb 10 1913 J. M. Taylor

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


PLACE OF BIRTH
MAY 30 1972

164-20001-236

PLACE OF BIRTH

County of Ada

City of Meridian

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 1

File No. 11160

Primary Registration District No. 2003

Registered No. 28

FULL NAME OF CHILD Glenada Louise Journey

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one (To be answered only in event of plural births)	1st	Yes	June 1, 1913

FATHER	MOTHER
FULL NAME: Glen A Journey	FULL MAIDEN NAME: Ada Margurite Stout
RESIDENCE: Meridian Idaho	RESIDENCE: Meridian Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Neo	BIRTHPLACE: Iowa
OCCUPATION: Grain Dealer	OCCUPATION: House wife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Neal

Physician (Physician or Midwife)

Address Meridian Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 10 1913

J. M. Layton
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 20 1942

APR 18 1947

MAY 12 1942

157-203-00-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 11161

No. ____, ____ St. Primary Registration District No. 2003 Registered No. 29

Hospital ____

FULL NAME OF CHILD Edna Etta Anna Angelo

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	4th	Yes	June 3, 1913

FATHER	MOTHER
FULL NAME David H Angelo	FULL MAIDEN NAME Sarah Rebecca Jones
RESIDENCE Meridian Idaho R#1	RESIDENCE Meridian Idaho R#1
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Ill	BIRTHPLACE Ill
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Mace

Physician

(Physician or Midwife)

Address Meridian Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan 10 1913 M. Taylor Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 10 1948

133-202-1001-354

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. Ingwald St.

Hospital

Registration District No. 1 File No. 11162

Primary Registration District No. 2004 Registered No. 30

FULL NAME OF CHILD Virda

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			L.	Jan. 2 1913

FATHER		MOTHER	
FULL NAME	Frank W. Allen	FULL MAIDEN NAME	Florence Lemon
RESIDENCE	Ingwald	RESIDENCE	Ingwald
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE		BIRTHPLACE	Ill
OCCUPATION	Harnessmaker	OCCUPATION	H. W

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was (Born alive [redacted]) at 10.30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 17th 1913 J. M. Taylor

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

33-102 000-695

Amended 7-17-64 (Be sure the information is complete and accurate)

State File No. 11163
Local Reg. No. 31
Reg. Dist. No. 1

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH a. COUNTY: Ada b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural Boise c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): R.D. 1	2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE: Idaho b. COUNTY: Ada c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise d. STREET ADDRESS (If rural, give location): R.D. 1

3. CHILD'S NAME (Type or print): a. (First) Harland b. (Middle) Helvern c. (Last) Clark

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) 1 - (Day) 2 - (Year) 1913

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Harland		Clark	W.

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
41 YEARS	Minn.	Rancher	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Grace		Freeland	W.

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
19 YEARS	Kansas	0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: M. Allen Callaway

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Boise, Idaho

18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.: Jan. 17, 1913

20. REGISTRAR'S SIGNATURE: J.M. Taylor

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occ hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phy or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this a with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or ow the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, i case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person ch with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper c cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Dupon 1912-146847

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS 6-22-64

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss. RECEIVED

County of ..... } JUL 9 1964

Bureau of Vital Statistics

Certificate No. 11163

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Harland Heloren Clark (Name on Original Certificate) who ..... (Was Born or Died) on Jan. 2, 1913 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Harland Heloren Clark	Harland Helvern Clark

Subscribed and sworn to before me this 24 day of June, 19 64

Notary Public, residing at Boise

My commission expires 6-15-65

(Seal)

Signed Harriet F. Elsner

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1324 Jefferson, Boise, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.

County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

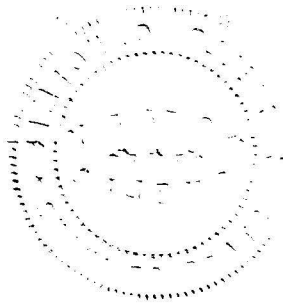
(Street Address, City, State)

FORM DH 60-155

1 copy paid receipt # 198

War Department, Application for Family Allowances, dated July 30, 1943 gives full name of soldier as **Harland** Helvern Clark - viewed by V.S.

Application for National Service Life Insurance, dated Aug. 3, 1943 gives full name of insured as Harland Helvern Clark - born Jan. 2, 1913 at Boise, Idaho - viewed by V.S.



Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Near Duncan Station

No. R. D. 1 Rose Ave, St.

Registration District No. 1

File No. 11163

Primary Registration District No. 2002

Registered No. 31

Hospital

FULL NAME OF CHILD Harland Helmen

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	—	yes	1 — 2 — 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harland Clark	FULL MAIDEN NAME	Grace Freeland
RESIDENCE	Boise RD 1	RESIDENCE	Boise
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Minn	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Hse.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) M. Allen Callaway

Physician

(Physician or midwife)

Address Boise, Idaho

Filed Jan 17th 1913 J. M. Taylor Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 17 1964

753.117.000-962

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. ____, ____ St.

Hospital ____

Registration District No. 1

File No. 11164

Primary Registration District No. 2004

Registered No. 32

FULL NAME OF CHILD Frederick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M.			L.	Jan 17, 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Sam Peterson	FULL MAIDEN NAME: Ruth Roberts
RESIDENCE	So Boise, Manitou St	So. Boise, Manitou St
COLOR	W	W
AGE AT LAST BIRTHDAY	27 (Years)	24 (Years)
BIRTHPLACE	Denmark.	Colo
OCCUPATION	Dairy Man	H. W

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas Barick

(Physician or Midwife) J

Given names added from a supplemental report

____, 19____

Address Boise Idaho

Filed Feb 1 1913 J. M. Taylor

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 8 1975

434-11900-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of So Boise

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 11166

Primary Registration District No. 2004 Registered No. 34

FULL NAME OF CHILD Ray Burkhard McManimie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			L	Jan 19 1913

FATHER		MOTHER	
FULL NAME	Bert McManimie	FULL MAIDEN NAME	Luella Burkhart
RESIDENCE	So Boise	RESIDENCE	So Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or [redacted]) at 11 A. M. on the date above stated.

(Signature) John Burch

(Physician or [redacted])

Address Boise Idaho

Filed Feb 15 1913 J. M. Taylor Registrar

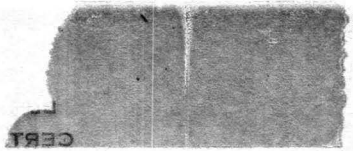
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670


CERT

319.125.00.345

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of ..... Registration District No. 1 File No. 11167

No. Hillsdale School District

Primary Registration District No. 2004 Registered No. 35

Hospital .....

FULL NAME OF CHILD Alvin Dwiece Carper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	January 25, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orland Carper	Mabel Lunstrum
RESIDENCE	Ada County Idaho	Ada County Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	26
BIRTHPLACE	Kansas.	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Edward L Beiser M.D

Physician

(Physician or Midwife)

Address 208 Donna Bldg Boise

Filed Feb 4th 1913 J. M. Taylor Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

11/29/40 L. B.

818-125-001-345

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of N of Star

No. ..... St.

Amended 4/2/76

Hospital [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1

File No. 11170

Primary Registration District No. 2001

Registered No. 38

FULL NAME OF CHILD [redacted] Carl Franklin Haynes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M.			yes	January 25 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Benjamin F. Haynes	FULL MAIDEN NAME	Maud E. Cunningham
RESIDENCE	Eagle Idaho	RESIDENCE	Eagle Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri [redacted]	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 7:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. W. Hall MD

(Physician or midwife)

Address Star Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 8th 1913

J. M. Taylor Registrar

5-Y CO. 20174

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

3 23 76

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 2 11 15 AM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of ..... } ss.

Certificate No. 11170

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Unnamed Haynes (Name on Original Certificate) who was born (Was Born or Died) on Jan. 25, 1913 (Birth or Death / Date of Event) in Star, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Carl Franklin Haynes
Fathers name	Haines	Haynes

Subscribed and sworn to before me this 29th day of March, 1976

Notary Public, residing at Boise Idaho
My commission expires March 1977
(Seal)

Signed Ernestine Haynes
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #1 Eagle, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

APR 2 1976

Family Record , obviously old,gives (By the family)
Fathers name as Benjamin F. Haynes born Feb. 6, 1878 and child of Benjamin Haynes
as Carl Haynes born Jan. 25, 1913.
Viewed by VS

Own childs birth certificate Curtis Franklin Haynes born Feb. 12, 1938
State file # 264618 gives fathers name as Carl Franklin Haynes.
Viewed by VS

246-208-001-345

PLACE OF BIRTH

County of Ada

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of ____

No. Kelly, Hot Spgs St.

Hospital No

Registration District No. 1

File No. 11171

Primary Registration District No. 2004

Registered No. 39

FULL NAME OF CHILD Opal Mae Smoot

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		1st	Yes	Jan 8, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Smoot	Ella Cunningham
RESIDENCE	Kelly Hot Springs	Kelly Hot Springs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	28
BIRTHPLACE	Arkansas	Oklahoma
OCCUPATION	Well driller	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Tomney MD

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed Feb 10 1913

J. McTaylor
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 6 1944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a separate RETURN must be made for each and the number of each, in order of birth, stated

6 [illegible]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of S. Boise

No. 711 Broadway St.

Registration District No. 1 File No. 11172

Primary Registration District No. 2004 Registered No. 40

Hospital

FULL NAME OF CHILD Ruth Ellen Oppenheimer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 14, 1913

FATHER	MOTHER
FULL NAME Benj. W. Oppenheimer	FULL MAIDEN NAME Susan B. Thomas
RESIDENCE South Boise	RESIDENCE South Boise
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Colorado	BIRTHPLACE Idaho
OCCUPATION Lawyer	OCCUPATION Housework

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.2. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. H. Williamson M. D.

(Physician or Midwife)

Address 824 Franklin, S. Boise

Given names added from a supplemental report

1-21, 19

Filed. Feb 10-1913

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 21 1942

241-231-019-336

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Blaine St.

Hospital IIIIII

Registration District No. 3 File No. 11174

Primary Registration District No. 1005 Registered No. 2

FULL NAME OF CHILD ?Small. Fern Small

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	IIth	Yes	I, 3i, I3, 191...

FATHER	MOTHER
FULL NAME: N.D.Small	FULL MAIDEN NAME: Emma Storms
RESIDENCE: Blaine St., Caldwell, Ida	RESIDENCE: Blaine St., Caldwell, Ida.
COLOR: White	AGE AT LAST BIRTHDAY: 57 (Years)
COLOR: White	AGE AT LAST BIRTHDAY: 4I (Years)
BIRTHPLACE: Ohio,	BIRTHPLACE: Scott County Iowa.
OCCUPATION: Common Laborer,	OCCUPATION: Housewife

Number of child of this mother, including present birth: II.

Number of children, of this mother, now living, including present birth:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30P on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Feb. 3rd 1913. John S. Meyer Registrar

Registrar

Pigeonholed by Dr. Johnson - (J.S. Meyer)

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Common Laborer.

515-128:014-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital Canyon

Registration District No. 3 File No. 11176

Primary Registration District No. 1005 Registered No. 4

FULL NAME OF CHILD Jas. William Vanhyning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 28 1913

	FATHER	MOTHER
FULL NAME	Samuel Vanhyning	Esther Wilkins
RESIDENCE	Caldwell, Idaho	Caldwell, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	32
BIRTHPLACE	Ohio	Ky
OCCUPATION	Eng. Grocery Store	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

(Signature) J. M. Cole

(Physician or midwife)

Address .....

Filed Feb. 3rd 1913 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

Registrar

Date

Address

817-126-014-693

Form V. S. No. 11-C—20m-2-15-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. R.F.D. #3 St.

Hospital

Registration District No. 3 File No. 11177

Primary Registration District No. 2005 Registered No. 5

FULL NAME OF CHILD Keith Trent

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Jan. 26 1913

FATHER		MOTHER	
FULL NAME	Robert Roy Hageman	FULL MAIDEN NAME	Maud Pearl Willey.
RESIDENCE	Caldwell R.F.D. #3	RESIDENCE	Caldwell.
COLOR	White.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Texas.	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

Physician (Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed Feb. 3 1913 John S. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-126-014-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Rural St.

Hospital —

Registration District No. 3 File No. 1117

Primary Registration District No. 2004 Registered No. 6

FULL NAME OF CHILD —

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Jan 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. McLaughlin	Margaret Darby
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	46	46
BIRTHPLACE	Tenn.	Neb
OCCUPATION	Rancher	Housemaker

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller M.D.

(Physician or midwife)

Address Caldwell, Ida

Given names added from a supplemental report

....., 19.....

Filed Feb. 3, 1913 John S. Meyer

Registrar

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

239-22/101K-219

PLACE OF BIRTH

[redacted]

S. No. 11-C—20m-2-15-12

County of Canyon

City of Caldwell

No. — St.

Hospital —

Registration District No. 3 File No. 11179

Primary Registration District No. 2005 Registered No. 7

FULL NAME OF CHILD Mildred Claire

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	— (To be answered only in event of plural births)	—	yes	Jun 24 1913

FATHER		MOTHER	
FULL NAME	Saw Scroggins	FULL MAIDEN NAME	Cecil Bailey
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Texas	BIRTHPLACE	Neb
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M W)

(Physician or midwife)

Address Caldwell, Ida

Given names added from a supplemental report

.....19.....

Filed Feb 8 1913 John S. Meyer Registrar

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy Issued 12-18-1940 D.P.

693-d13:014-892

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 11180

No. ____ St.

Primary Registration District No. 2005 Registered No. 8

Hospital No

FULL NAME OF CHILD Marita Zoe Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	Jan 13 — 1913

FATHER		MOTHER	
FULL NAME	J. S. Williams	FULL MAIDEN NAME	Guerva Hibbs
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (m w)

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 3 — 1913 John S. Meyer

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 11180

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rose Jerien	Marita Zoe Williams

Subscribed and sworn to before me this 28th day of May, 19 43

Notary Public, residing at Boise

My commission expires 1/14/47
(Seal)

Signed X Geneva Williams
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

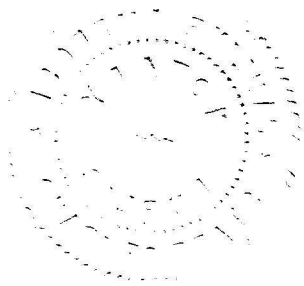
Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

MAY 28 1943



463-42-0014-249

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Hospital ———

Registration District No. 3 File No. 1118

Primary Registration District No. 2005 Registered No. 9

FULL NAME OF CHILD Della Hanner

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	— (To be answered only in event of plural births)	—	Yes	Jan 12 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. W. Haleon	FULL MAIDEN NAME	Blanch Smith
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	54 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M. D.)

(Physician or midwife)

Address Caldwell, Ida

Given names added from a supplemental report

.....19.....

Filed Feb 3 1913

.....Registrar

John S. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 20 1969

766 211 014-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
- CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Hospital ———

Registration District No. 3 File No. 11182

Primary Registration District No. 1005 Registered No. 10

FULL NAME OF CHILD Alma Merle

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Jan 11 — 191

FATHER		MOTHER	
FULL NAME	D. C. Goodlow	FULL MAIDEN NAME	Mary Hannah
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	no	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Home wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M D)

(Physician or midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 3rd 1913 John L. Meyer

Registrar

.....

Registrar

S-Y CO. 20174

Dup of 1913 - 256918

847-231-014-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Hospital ———

Registration District No. 3 File No. 11183

Primary Registration District No. 2005 Registered No. 11

FULL NAME OF CHILD Letha Mae Hight

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Jan 31 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Dean Hight	Jessie Dotson
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Del	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Miller (M D)

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Filed Feb. 3rd 1913 John L. Mayo

Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1944

316-103-014-795

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Hospital ———

Registration District No. 3 File No. 11184

Primary Registration District No. 2005 Registered No. 12

FULL NAME OF CHILD Paul Law

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Feb. 3 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Law	Pearl Green
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	23
BIRTHPLACE	Ohio	S. Dakota
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Miller

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

Filed Feb. 3 1913 John S. Hayes
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D65-247

795.123.014-795

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. Country St.

Hospital

Registration District No. 3 File No. 11185

Primary Registration District No. 2005 Registered No. 13

FULL NAME OF CHILD Arthur Herman Giese

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	S.	1	Yes	Jan 23, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bruno A. Giese	FULL MAIDEN NAME	Annie E. Giese
RESIDENCE	4 m. east Caldwell	RESIDENCE	Caldwell
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gue M. D.

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 30 – 1913 J. S. Meyer
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 16 1943

133-120-01K-685

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. 7 1/2 Hamilton St.

Hospital —

Registration District No. 3 File No. 11186

Primary Registration District No. 2005 Registered No. 14

FULL NAME OF CHILD Benjamin Curtis McConnel

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James E. McConnel	Susie Estella Wheeler
RESIDENCE	High Valley, Idaho	High Valley, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Idaho	Minnesota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 9 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Laura E. Wheeler

mother
(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 23 1913 John S. Meyer
Registrar

.....
Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 23 1941

819-108-014-95

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 11187

No. 5 miles in County St. — Primary Registration District No. 2005 — Registered No. 15

Hospital

FULL NAME OF CHILD Earnest Herbert

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	S. (To be answered only in event of plural births)	12	yes	Jan. 8, 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. E. Harris	Arminda M. Green
RESIDENCE	Caldwell	Caldwell
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	52	41
BIRTHPLACE	Mo	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alm (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M. D. (Physician or Midwife)

Address Caldwell - Idaho.

Given names added from a supplemental report

....., 19.....

Filed Jan. 13th 1913. J. S. Meyer Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

859-108-014-818

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

No. ____ St.

Hospital ____

Registration District No. 3 File No. 11188

Primary Registration District No. 2005 Registered No. 16

FULL NAME OF CHILD Urbain Leith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Jan. 8 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Urban Edson Herrick	FULL MAIDEN NAME Jessie Caroline Haymaker
RESIDENCE	Middleton	Middleton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Iowa	Ohio
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O M Kaley

Physician

(Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Jan. 10, 1913 J. S. Meyer

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 11 1942

249-105.014-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Parma

No. R. F. D. 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 11189

Primary Registration District No. 2005 Registered No. 17

FULL NAME OF CHILD Jack Howard Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	January 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. J. Smith	Jane Bruner
RESIDENCE	Parma, R. 7 Id.	Parma R 7 Id.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Neb.	Colo.
OCCUPATION	Stockbuyer	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Cole

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan. 10 1913

J. D. Mayer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 11189
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Unnamed Smith (Name on original certificate) who born (Was born or died) on Jan 5, 1913 (Date of event)
in Parma, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Father (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Omitted	Jack Howard Smith

Subscribed and sworn to before me this 22d
day of December, 1941
Myrna L. Brewer
Notary Public residing at Boise
My commission expires April 1, 1945
[SEAL]

Signed Geo. L. Smith
(Signature of parent if attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Wilder, R.F.D. Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

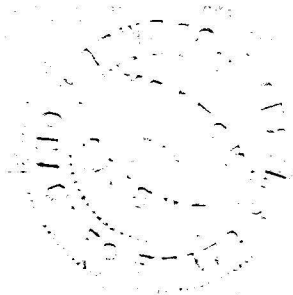
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 22 1941



866-203-014-521

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 3 File No. 11191

Primary Registration District No. 1005 Registered No. 19

FULL NAME OF CHILD Hattie Winnifred Howard

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	S.	5	yes	Jan 3, 1913

FATHER		MOTHER	
FULL NAME	Fred Howard	FULL MAIDEN NAME	Agnes Esau
RESIDENCE	Caldwell Id	RESIDENCE	Caldwell Id
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Bangor Maine	BIRTHPLACE	Germany
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 A. M. on the date above stated.

(Signature) J. W. Lee M. D.

(Physician or Midwife)

Address Caldwell Id

Filed Jan. 10 1913 J. S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 21 1952

45/-12-014-689

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. _____ St.

Hospital _____

Registration District No. 1003 File No. 11192

Primary Registration District No. 1006 Registered No. 20

FULL NAME OF CHILD Meadows

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	1 26 1912

FATHER

FULL NAME: Joseph A Meadows

RESIDENCE: Nampa Ida

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Neb

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Nellie White

RESIDENCE: Nampa Ida

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Montana

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 P. M. on the date above stated.

(Signature) O B Beller M.D.

Phys (Physician or midwife)

Address Nampa Ida

Filed 1-31-1912 O B Beller M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of

4161-110-014-155

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11193

Registration District No. 1003 File No. ____

Primary Registration District No. 1006 Registered No. 21

FULL NAME OF CHILD Albert Doan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	1 10 1913

FATHER		MOTHER	
FULL NAME	Frank Doan	FULL MAIDEN NAME	Ella Jenkins
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ill.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

(Physician or midwife)

Address Nampa Ida

Filed 1-12-1913 O. B. Beller M.D. Registrar

Given names added from a supplemental report

....19....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

367-101-01K363

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 11194

Primary Registration District No. 1006 Registered No. 22

FULL NAME OF CHILD Alice Emma Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	1 1 1913

FATHER

FULL NAME Elmer Cox

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE New York N.Y.

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Emma Coleman

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ill

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Beller M.D.

Phys. (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-5-1913 A B Beller M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-183-014719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No North of Town St.

Hospital X

Registration District No. 1003 File No. 11195

Primary Registration District No. 1006 Registered No. 23

FULL NAME OF CHILD Lisle Donald

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X (To be answered only in event of plural births)	X	Yes	1 23 1913

FATHER		MOTHER	
FULL NAME	James H Hamilton	FULL MAIDEN NAME	Florence Parrott
RESIDENCE	Nampa Idaho R.F.D	RESIDENCE	Nampa Idaho R.F.D.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19.....

Filed 1-25-1913 O. B. Beller M.D. Registrar

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-122-014-962

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Ada~~ Canyon

City of 5 Miles East Nampa

Registration District No. 1003 File No. 11196

No. R. F. D. No 2 St.

Primary Registration District No. 1006 Registered No. 24

Hospital X

FULL NAME OF CHILD Kenneth R. Campbell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Boy	x (To be answered only in event of plural births)	x	Yes	January 22, 1913 (Month, Day, Year)

FATHER	MOTHER
FULL NAME: L. M. Campbell	FULL MAIDEN NAME: C. E. Robertson Christina
RESIDENCE: Nampa Ida R. F. D. No 2	RESIDENCE: Nampa Ida R F D No 2
COLOR: White	COLOR:
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 36 (Years)
BIRTHPLACE: Ill Illinois	BIRTHPLACE: Ill
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray Physician

(Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1-25-1913 O. B. Bellar M.D.
Registrar

S-Y CO. 20174

DEC 6 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-120-014453

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 515 14th Ave N St.

Hospital /

Registration District No. 3 File No. 11197

Primary Registration District No. 1006 Registered No. 25

FULL NAME OF CHILD Boyd Sarson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	x	x	Yes	June 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Sarson	Clara Mellenthen
RESIDENCE	Nampa Idaho	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Ills.	Minn.
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-25- 1913 O. B. Beller M.D.

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 29 1942

PLACE OF BIRTH

964-205-1014-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11199

County of Canyon

City of Nampa — Registration District No. 3 — File No.

No. ____ St. — Primary Registration District No. 1006 — Registered No. 27

Hospital Mary Arleen

FULL NAME OF CHILD Paulette

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Fem	No	3	Yes	1-3-1913 (Month) (Day) (Year)

*(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Louis Paulette	FULL MAIDEN NAME	Clara Burkholder
RESIDENCE	Nampa Ida.	RESIDENCE	Nampa Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated, at 11:30 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Calonge M.D.
Phys
(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

Filed 1-10-1913 O B Beller M.D.
Registrar

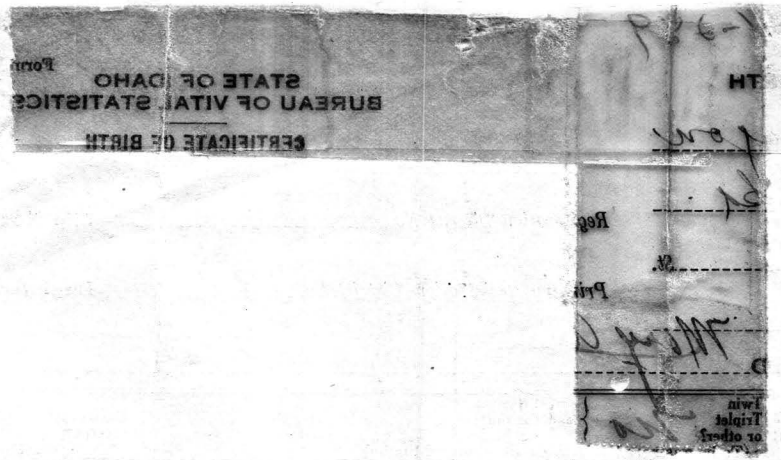
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



APR 5 1967

FEB 19 1968

655-220-84-212

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma Precinct

No. ..... St.

Registration District No. 3 File No. 11200

Primary Registration District No. 2007 Registered No. 28

Hospital .....

FULL NAME OF CHILD Edith Rachel Resnick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	Yes	Jan. 20 1913

FATHER	MOTHER
FULL NAME: George M. Resnick	FULL MAIDEN NAME: Nellie Baker
RESIDENCE: Parma, R.I.	RESIDENCE: Parma, R.I.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 45 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Wisconsin
OCCUPATION: Farmer-Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma Idaho

Given names added from a supplemental report

..... 19.....

Filed 1/29 1913 R. J. Lewis

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FENRICH

Dep of 1913 - DE 54-201

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

296 [redacted] 06-392

[redacted] IRTH

County of [redacted]ham

City of [redacted]deen

No. ——— St.

Hospital ———

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11205

Primary Registration District No. 2029 Registered No. 1

FULL NAME OF CHILD Unnamed Brown

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Jan. 5 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	William Edgar Brown	FULL MAIDEN NAME	Cora Cisco
RESIDENCE	Aberdeen. Ida.	RESIDENCE	Aberdeen. Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ninth

Number of children of this mother now living, including present birth Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen. Ida.

Given names added from a supplemental report

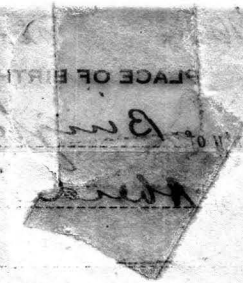
....., 19.....

.....
Registrar

Filed Jan 8 1913 M. C. MacKinnon
Registrar

8-Y CO. 20174

1/3/41 L. B.



SEP. 17 1942

Amended 12-2-59

PLACE OF BIRTH

45-118-006-235

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11206

Primary Registration District No. 2029 Registered No. 2

FULL NAME OF CHILD Donald Paul Dancliff

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan. 18, [redacted] 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: Charles Henry Dancliff	FULL MAIDEN NAME: Cady Stephens
RESIDENCE: Aberdeen, Ida.	RESIDENCE: Aberdeen, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Wisconsin	BIRTHPLACE: Illinois
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) M.C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen, Idaho

Filed 1-18-[redacted]1913 M.C. MacKinnon

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Registration District No. 13 File No. 11206

Primary Registration District No. 2029 Registered No. 2

FULL NAME OF CHILD Donald Paul Dandliffe

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Jan. 18 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Henry Dandliffe	FULL MAIDEN NAME	Lady Stephens
RESIDENCE	Aberdeen, Idaho.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Third

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-18- 1913 M. C. MacKinnon

..... Registrar

8-Y CO. 20174

Registrar

DEC-2 1959

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bingham } ss.

Certificate No. 11206

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Donald Paul Dancliffe (Name on Original Certificate) who born (Was Born or Died) on Jan. 18, 1913 (Date of Event)
in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Donald Paul Dancliffe	Donald Paul Dancliff
Full Name of Father	Charles Henry Dancliffe	Charles Henry Dancliff

Subscribed and sworn to before me this 10th day of November, 1959

Elmer Lamb
Notary Public, residing at Aberdeen Idaho
My commission expires December 8, 1962
(Seal)

Signed Nora X Lowe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Aberdeen, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of November, 1959

Elmer Lamb
Notary Public, residing at Aberdeen, Idaho
My commission expires December 8, 1962
(Seal)

Signed Dessie H. Stambaugh
(Signature of Any Credible Person)
Aberdeen, Idaho
(Street Address, City, State)

FORM DPH 55.155

L 10-27-59. one copy pd. receipt #15373.

Aberdeen Public Schools Report Card - Grade 5 - Age 10
gives full name of Child as Donald Dancliff and father signs the card as C.H. Dancliff - viewed by V.S.

Father's Death Cert. on file, #53-2951 gives full name as Charles Henry Dancliff - viewed by V.S.

Baptismal Certificate of Donald Lee Dancliff, Oct. 26, 1941 gives parents names as Donald Paul Dancliff and Mary York - viewed by V.S.

Hospital Birth Certificate for Donald Lee Dancliff, Aug. 7, 1939 gives parents names as Donald Paul Dancliff and Mary York - viewed by V.S.

445-221-006-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen — Registration District No. 13 — File No. 11207

No. ____ St. — Primary Registration District No. 2029 — Registered No. 3

Hospital ____

FULL NAME OF CHILD Unnamed Muecke

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Jan. 21 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Muecke	FULL MAIDEN NAME	Stella Smith
RESIDENCE	Aberdeen Idaho	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: Second — Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

....19....

Filed Jan 21 19 13 M. C. Mackinnon

....Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 21 1945

MAY 4 1967

285·125·006-419

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Springfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11208

Primary Registration District No. 2029 Registered No. 4

FULL NAME OF CHILD Arthur Leroy Shelman

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	January 25 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: George Martin Cleveland Shelman	FULL MAIDEN NAME: Rebecca Jane Martin
RESIDENCE: Springfield. Ida	RESIDENCE: Springfield, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Kansas.	BIRTHPLACE: Washington (State)
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: First

Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 Lb P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida.

Given names added from a supplemental report

..... 19.....

Filed 1-27- 1913 M. C. MacKinnon

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

OCT 25 1974

454-129006-231

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of ~~Rochelle~~ Sterling

Registration District No. 13

File No. 11209

Primary Registration District No. 2029

Registered No. 5

Hospital

FULL NAME OF CHILD Leo Robert Underwood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	January 29 (Month) (Day) 1923 (Year)

FATHER		MOTHER	
FULL NAME	George William Underwood	FULL MAIDEN NAME	Jane Black
RESIDENCE	Rochelle, Ida.	RESIDENCE	Rochelle, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	West Virginia
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth Fourth

Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. McKinnon M.D.
(Physician or midwife)

Address Aberdeen Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 1-30 19 23 W. C. McKinnon
Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/1/41 Z.J.

RECEIVED
APR 28 1941

AFFIDAVIT

I, GEORGE ROBERT UNDERWOOD, being of lawful age, do depose and state that according to all family records, and according to what I have always been told, I was born at STERLING, Idaho, January 29th, 1913. In support of this I hand you a certified copy of my Baptism and Confirmation.

WITNESS my hand at Globe, Arizona, this 25th day of April, A. D. 1941.

George Robert Underwood

STATE OF ARIZONA)
County of Gila.) ss

Subscribed and sworn to before me, the undersigned, this 25th day of April, 1941, by GEORGE ROBERT UNDERWOOD.

My commission expires March 17,1944.

Margaret Kendall

617-129-006-465

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11210

Primary Registration District No. 2229 Registered No. 6

FULL NAME OF CHILD Richard William Faulkner Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	January 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard Walter Faulkner	Goldie Marcelle Doebler
RESIDENCE	Aberdeen Ida	Aberdeen, Ida,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-30 1913 M. C. MacKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 1969

MAY 27 1942

432-209.006-8/3

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas ward Registration District No. 13 File No. 11212

No. ____ St. Primary Registration District No. 2053 Registered No. 8

Hospital ____

FULL NAME OF CHILD Fanny McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 9 1913

FATHER		MOTHER	
FULL NAME	John Henry McBride	FULL MAIDEN NAME	Elizabeth Ann Hall
RESIDENCE	Thomas	RESIDENCE	Thomas
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife and Mother

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or midwife)

Address Blackfoot R.F.D. #2

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Jan 10 19 13 M. E. Patrick Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-6—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

[redacted] H
282
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Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Blue Jeat

Registration District No. 13 File No. 11213

No. 7 4. North Fisher St.

Primary Registration District No. 1007 Registered No. 2

Hospital

FULL NAME OF CHILD Clifford L. Edwards.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes	Jan 1 1913

FATHER	MOTHER
FULL NAME Jno. L. Edwards	FULL MAIDEN NAME Ida. Byboer.
RESIDENCE Blue Jeat, Idaho	RESIDENCE Blue Jeat, Idaho
COLOR White	AGE AT LAST BIRTHDAY 36 (Years)
COLOR White	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa.	BIRTHPLACE Idaho
OCCUPATION Clerk.	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 10 19 13 W E Paine

By Jno

.....
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 7 1942

APR 10 1942

659-103-006-959

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital Blackfoot

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11214

Primary Registration District No. ..... Registered No. 10

FULL NAME OF CHILD Roy Weiand

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Jan 3 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alma C. Weiand	FULL MAIDEN NAME	Susie Zeigler
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ida.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mattock

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 10 1913 M. E. Petrie

..... Registrar

Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 9 1941

113-104-006-855

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Rich ward

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 11215

Primary Registration District No. 2003 Registered No. 11

FULL NAME OF CHILD Clarence Mark Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mark Jackson	Marcia Hennefer
RESIDENCE	Rich	Rich
COLOR	white	white
AGE AT LAST BIRTHDAY	32 (Years)	24 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	wife and mother

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Marion Crawford

Midwife

(Physician or Midwife)

Address Thomas R.F.D. #2

Jan 14 1913

Given names added from a supplemental report

____ 19__

Registrar

SYMS-YORK CO., PTG. & BDRS. 17338

Registrar

APR 25 1960

Amended 6-29-60

PLACE OF BIRTH

367-1081006-395

County of Bingham

City of Blackfoot

No. 134 South Cleveland St.

Hospital no

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11216

Primary Registration District No. 1007 Registered No. 12

FULL NAME OF CHILD Charles Dee Cox

(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Jan. 8, [redacted] 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

FATHER		MOTHER	
FULL NAME	William M. Cox	FULL MAIDEN NAME	Laura H. Lindquist
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:08 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or midwife)

Address

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Jan. 16, [redacted] 1913 W. E. Patrie Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back –

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11216

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Charles Dee Cox (Name on Original Certificate) who was born (Was Born or Died) on Jan 8, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Name	William A. Cox	William M. Cox

Subscribed and sworn to before me this 8th day of April 1959.

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed William M Cox
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

309 So M Verdugo San Bernardino Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of April 1959.

Notary Public, residing at .....
My commission expires .....
(Seal)

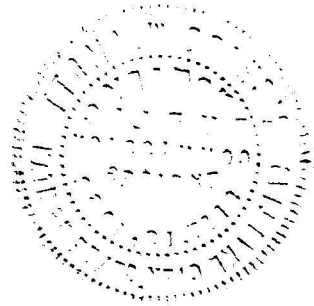
Signed Leland L Baker
(Signature of Any Credible Person)

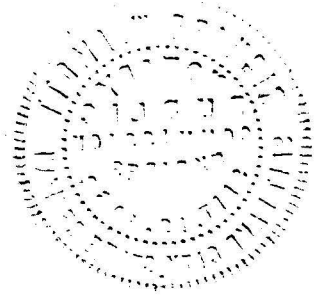
965 N 8th W SLC
(Street Address, City, State)

Certificate of Blessing, March 2, 1913, gives full name of child as Charles Dee Cox, born January 8, 1913 at Blackfoot, Idaho to Wm. M. Cox and Laura Lindquist - viewed by V.S.

Another Child's Birth Cert. on file, #51840 gives father's full name as William Monroe Cox - viewed by V.S.

Certified Copy of the Marriage License and Certificate of William M. Cox and Laura H. Lindquist - copy made March 16, 1959 - Bingham County, Idaho - married October 1, 1910 at Blackfoot, Idaho - viewed by V.S.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 134 South Cleveland

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11216

Primary Registration District No. 1007 Registered No. 12

FULL NAME OF CHILD Charles DEE Cox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	1 8 1913

FATHER		MOTHER	
FULL NAME	William A. Cox	FULL MAIDEN NAME	Laura H. Lindquist
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth... one

Number of children, of this mother, now living, including present birth... one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed June 16, 19 13 W. E. Patrie Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 11216

Date Filed Feb. 27, 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth
(BIRTH OR DEATH)

for Charles Ray Cox (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on January 8, 1913 (DATE OF EVENT)

in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Church (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 2, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Charles Ray	Charles Dee Cox

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Mrs Larissa Cox
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

295 - 7th St. Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed Wilbur M. Cox
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

295 7th St. Idaho Falls Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 2 1942 By .....
(REGISTRAR'S SIGNATURE)

MAR 3 1942

JUN 29 1960

AUG 22 1944

391-213.006415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham.

City of Thomas Ward. Registration District No. 13 File No. 11217

No. ____ St. Primary Registration District No. 2053 Registered No. 15

Hospital ____

FULL NAME OF CHILD Beatrice Ann Crawford.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	1 13 1913

FATHER	MOTHER
FULL NAME David B. Crawford.	FULL MAIDEN NAME Ann Elizebth Davis
RESIDENCE Thomas.	RESIDENCE Thomas
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION farmer.	OCCUPATION Wife and Mother

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Madison Crawford
Midwife
(Physician or midwife)

Address Thomas, Blackfoot R. F. D. No. 2

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 18 19 13 W. E. Patrick
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/3/41 L. B.

866-212-006-845

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Ward 3
2 mi N.E. of town

Registration District No. 13

File No. 11218

No. ..... St.

Primary Registration District No. 2053

Registered No. 14

Hospital

FULL NAME OF CHILD Emma Mary Hofer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	June 2 1913

FATHER

FULL NAME: Albert Hofer

RESIDENCE: Blackfoot Route #3

COLOR: White — AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Switzerland

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Magdalene Hunziger

RESIDENCE: Do

COLOR: Do — AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Germany

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Petrie

M D
(Physician or midwife)

Address Blackfoot Idaho

Filed Jan 22 19 13

M E Petrie
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-207-006128

Form V. S. No. 11-C Rev. 9-15-12

PLACE OF BIRTH

County of Bingham

City of Blackfoot Ward 2

No. 1½ East Center St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11219

Primary Registration District No. 2053 Registered No. 45

FULL NAME OF CHILD Male Minor Unnamed Hatton

Sex of Child: Male	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? Yes	Date of Birth: Jan 17 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Francis Hatton	FULL MAIDEN NAME	Ethel Baker
RESIDENCE	Blackfoot #3	RESIDENCE	do
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Mo	BIRTHPLACE	Kas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 31 19 13 M. E. Petrie
Registrar

S-Y CO. 20174

JUN 2 5 1975

22-122-006291

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Rural 4 Registration District No. 13 File No. 11220

No. No St. Primary Registration District No. 2053 Registered No. 16

Hospital No

FULL NAME OF CHILD Carl Brawley Baker

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Jan 22 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Wm Alonzo Baker	FULL MAIDEN NAME Blanche Brawley
RESIDENCE	Star Valley Wyo	RESIDENCE Blackfoot Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	34	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5-20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Guthrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 31 19 13 M E Guthrie
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293-124006-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11221

County of Bingham

City of Moreland Mud — Registration District No. 13 — File No.

No. — St. — Primary Registration District No. 2053 — Registered No.

Hospital No

FULL NAME OF CHILD Clyde Bitton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Jan 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis A. Bitton	Ima Williams
RESIDENCE	Blackfoot Route 4	Do
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Petrie

Phys (Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 31 19 13 W. E. Petrie

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1967

269-129-006-114

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11222

County of Bingham

City of Thomas Ward

Registration District No. 12 File No.

No. No St.

Primary Registration District No. 2053 Registered No. 18

Hospital No

FULL NAME OF CHILD Unnamed Sorenson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		—	Yes	Jan 29 1913

FATHER	MOTHER
FULL NAME: Nielsen Sorensen	FULL MAIDEN NAME: Florence James
RESIDENCE: Blackfoot Route #2	RESIDENCE: Do
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Rubie

Phys (Physician or midwife)

Address Blackfoot, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 31 19 13 M. E. Rubie
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

659-22-006659

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. 690 W. Bird St.

Hospital

Registration District No. 13 File No. 11223

Primary Registration District No. 1007 Registered No. 19

FULL NAME OF CHILD Barbara Rebecca Heigel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	1 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse M. Heigle	Mary E. Heistu
RESIDENCE	Blackfoot, Ida.	Blackfoot, Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Iowa	Pennsylvania
OCCUPATION	P. O. Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8.05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Conner M.D.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb 2 1913 M. E. Patrick

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 24 1945

OCT 3 1951

TY-21S-006-693

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. [illegible] Jackson Shelley Registration District No. 23 File No. 11224

Primary Registration District No. 1003 Registered No. 20

Hospital

FULL NAME OF CHILD Lillian Myrtle Gamble

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	1 — 18 — 1913

FATHER	MOTHER
FULL NAME Earl E. Gamble	FULL MAIDEN NAME Ellen E. Wicker
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Idaho
OCCUPATION Painter	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 8:20 a. M.

(Signature) E. V. Moon M. D

(Physician or Midwife)

Address

Filed Feb 7 19 13 W. E. Parke Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BORS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of ..... } ss. SEP 3
County of ..... }

Certificate No. 11224
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
Name	no name given	Lillian Myrtle Gamble
Date of birth	Jan. 17, 1913	Jan. 18, 1913

Subscribed and sworn to before me this 1st day of Sept., 1941

H.F. Thatcher
Notary Public, residing at Irwin Ida
My commission expires August 18, 1945
[SEAL]

Signed Lillian E Gamble
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
862 E. Mulhall, El Monte, Cal.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Bonneville }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

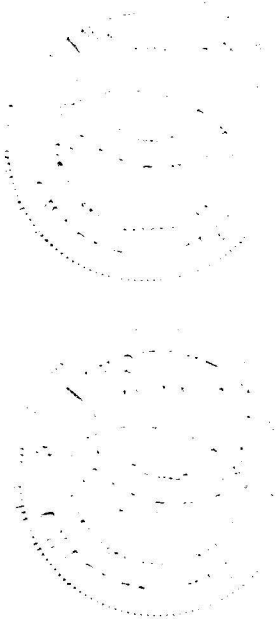
Subscribed and sworn to before me this 1st day of Sept., 1941

H.F. Thatcher
Notary Public, residing at Irwin Ida
My commission expires Aug. 18, 1941
[SEAL]

Signed Mrs. Thelma Weeks
(Signature of any credible person other than the previous affiant)
Irwin Ida
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

OCT 1 8 1972



866-211-00[illegible]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

[illegible] OF IDAHO

[illegible] of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No 380 S. [illegible] St.

Registration District No. 13 File No. 11225

Primary Registration District No. 1007 Registered No. 21

Hospital

FULL NAME OF CHILD MARGARET [illegible] Hoover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Date of birth (Month) (Day) (Year)
Female		Yes	1 11 1913

	FATHER	MOTHER
FULL NAME	Alfred Fulton Hoover	FULL MAIDEN NAME Maude Belle Sawyers
RESIDENCE	Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Montpelier, Idaho	BIRTHPLACE Missouri
OCCUPATION	Druggist	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at [illegible] P. M. on the date above stated.

(Signature) C. A. T. Hoover M. D.

(Physician or Midwife)

Address [illegible]

Filed Feb 7 1913 M. E. Pattie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

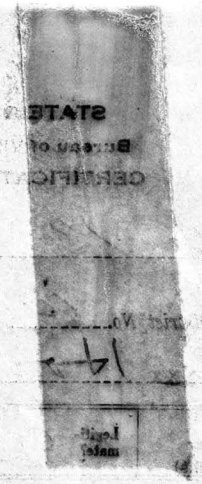
..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Gem } ss.
County of Emmett }

Certificate No. 11225

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Eva Maude Hoover (NAME ON ORIGINAL CERTIFICATE) who bprn (WAS BORN OR DIED) on Jan. 11, 1913 (DATE OF EVENT)
in Blackfoot, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Eva Maude Hoover	Margaret Hoover

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed Wm Hoover
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Emmett, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(SEAL)

Signed Maude S. Hoover
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Emmett, Ida
(STREET ADDRESS, CITY, STATE)

R L

Received for filing on By
(REGISTRAR'S SIGNATURE)

JUL 2 0 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 1913 No. 563

CERTIFICATE OF BIRTH

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot, Registration District No. 13 File No. 11226

No. 316 No Shelley St. Primary Registration District No. 1007 Registered No. 22

Hospital

FULL NAME OF CHILD Wilbur Vanhumm Copps

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 14 1913

FATHER	MOTHER
FULL NAME Vanhumm Luther Copps	FULL MAIDEN NAME Ellie Nothdruff
RESIDENCE Blackfoot Idaho	RESIDENCE Blackfoot Idaho
COLOR White	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Idaho	COLOR White
OCCUPATION Clerk	AGE AT LAST BIRTHDAY 17 (Years)
	BIRTHPLACE Neb
	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8.36 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

Filed Feb 4 19 13 M. E. Patrie

.....Registrar

Registrar

S-Y CO. 20174

APR 15 1942

DEC 2 1965

Amended 8-29-73

719-225-10-06-362

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11227
Local Reg. No. 23
Reg. Dist. No. 2053

1. PLACE OF BIRTH

a. COUNTY: Bingham

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Riverside

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bingham

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Riverside

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Izella b. (Middle): c. (Last): Parks

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): January 25, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): William b. (Middle): c. (Last): Parks

8. AGE (At time of this birth): 45 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Sarah b. (Middle): Elizabeth c. (Last): Cobbley

13. AGE (At time of this birth): 40 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 9

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: F. W. Mitchell

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED: Feb. 4, 1913

21. DATE REC'D BY LOCAL REG.: Feb. 4, 1913

22. REGISTRAR'S SIGNATURE: W. E. Patrie

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...must be filed with the local registrar within 10 days after the date of birth of the child. Address ... VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C [redacted]

PLACE OF BIRTH

County of Bingham

City of Burnside

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11227

Primary Registration District No. 2053 Registered No. 23

FULL NAME OF CHILD May Clark

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 25 1913

FATHER

FULL NAME Wm Clark

RESIDENCE Burnside

COLOR White AGE AT LAST BIRTHDAY 45 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Cobley

RESIDENCE Burnside.

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 4 1913 M E Parrie Registrar

8-Y CO. 20174

AUG 2 3 1973

AUG 2 9 1973

8-23-73

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 28 3 49 PM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Bingham } ss.

Certificate No. 11227

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for May Clark (Name on Original Certificate) who was born (Was Born or Died) on Jan. 25, 1913 (Date of Event)
in Riverside (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	May Clark	Izella Parks
Father's name	William Clark	William Parks
Mother's Maiden name	Sarah Cobley	Sarah Elizabeth Cobbley

Subscribed and sworn to before me this 24th day of August, 1973.

Notary Public, residing at Blackfoot, Idaho
My commission expires: January 31, 1974
(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 5, Box 42, Blackfoot, Idaho 83221
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Birth issued by the L.D.S.Church gives name aa Izella Parks born January 25, 1913 in Riverside, Bingham County, Idaho. Father - William Taylor - Parks and Mother Sarah Elizabeth Cobbley. Entered on Record March 2, 1913

Blessing certificate gives name as Izella Parks born January 25, 1913 in Riverside, Idaho to William Taylor Parks and Sarah Cobbley. Blessed 1913. Recorded on Page 160 Line 92. Riverside Ward Blackfoot Stake.
Viewed by V.S.

(Certificate filed under the name of Clark instead of Parks. O. K. to correct from Church Records). Father's birth date is listed as Feb. 19, 1868 at Pleasant Grove, Utah. This checks out with age on birth certificate of child.

Rulon R. Parks is an older brother of Izella Parks - was born [redacted] Aug. 27, 1900.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-119:006-251

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11228

County of Bingham

City of Garland

No. ..... St.

Hospital

Registration District No. 13 File No. .....

Primary Registration District No. 2053 Registered No. 24

FULL NAME OF CHILD James Lee McKercher

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 19 1913

FATHER	MOTHER
FULL NAME Jos. McKercher	FULL MAIDEN NAME Gallie Beasley
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Mich	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Feb 4 1913

W. E. Pattie
Registrar

..... Registrar

S-Y CO. 20174

MAY 5 1942

381-230 [redacted] 49

PLACE [redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of [redacted]

City of Rupert

Registration District No. 29

File No. 11229

No. ____ St.

Primary Registration District No. 2015

Registered No. 12

Hospital ____

FULL NAME OF CHILD Edith E. Chamslor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	1 30 1913

FATHER		MOTHER	
FULL NAME	W G Chamslor	FULL MAIDEN NAME	Augusta Smith
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Missouri	BIRTHPLACE	S Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy

Physician

(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

....19....

....
Registrar

Filed 2/10/ 1913

E P Killam
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 0 1957

418-12-032

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of _____ Registration District No. 29 File No. 11230

No. _____ St. Primary Registration District No. 2015 Registered No. 3

Hospital _____

FULL NAME OF CHILD William Harden Mayes

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 21 1913

FATHER		MOTHER	
FULL NAME	Jackson Mayes	FULL MAIDEN NAME	
RESIDENCE	Georgia	RESIDENCE	Georgia
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Arkansaw	BIRTHPLACE	Missouri
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 3 P M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. Scott M.D.

Rupert Ida

(Physician ~~or midwife~~)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Feb. 10 1913 V. R. Tillson Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1946

APR 19 1967

Mother on 2

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of _____ Registration District No. 29 File No. 11231

No. _____ St. Primary Registration District No. 2015 Registered No. 1

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			no	Jan 7 1913

FATHER		MOTHER	
FULL NAME	Unknown	FULL MAIDEN NAME	Washington
RESIDENCE	Unknown	RESIDENCE	Rupert Ida
COLOR		COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Unknown	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive ~~or stillborn~~) at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. H. Scott M D

Rupert Ida

(Physician ~~or midwife~~)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Feb 10 1913 V. R. Killam Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

799-213-032

PLACE OF BIRTH [redacted] IDAHO

Form V. S. No. 11-C—10m-8-7-11

[redacted] Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of

No ....., ... St.

Registration District No 29 File No 11232

Primary Registration District No 2902 Registered No 2

Hospital

FULL NAME OF CHILD Corrine Grimm

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	Jan 13 1913

	FATHER	MOTHER
FULL NAME	Edwin Grimm	Minnie Hug
RESIDENCE	Hepburn	Hepburn Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	
BIRTHPLACE	Independence Iowa	Burt Iowa
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at ..... at 12 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Munter MD

(Physician or Midwife)

Address Perry Ida

Given names added from a supplemental report

....., 19.....

Filed Feb. 10 1913 V. R. Kiel

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

...SERVED FOR BINDING

363-222-232-243

PLACE OF BIRTH

County of Lincoln

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 11233

Primary Registration District No. 2015 Registered No. 44

FULL NAME OF CHILD Lureta Mary Cole

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 22 1913

FATHER		MOTHER	
FULL NAME	William Cole	FULL MAIDEN NAME	Pearl Bullock
RESIDENCE	Rupert.	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. V. Scott M.D.

Rupert Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2/10/1913 V. R. Killam

.....
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

12 18 75

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 18 2 20 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of

Certificate No. 11233

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cole (Name on Original Certificate) who was born (Was Born or Died) on Jan. 22, 1913 (Date of Event)
in Lincoln County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Lureta Mary Cole

Subscribed and sworn to before me this 18 day of December, 19 75

"Dee" Nora Lowe
Notary Public, residing at Boise, Idaho
My commission expires Sept. 18, 1975
(Seal)

Signed William C. Thompson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 73170 Fairbanks, Alaska
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

DEC 18 1975

Marriage Certificate , State of Utah, County of Salt Lake certifies that Edward Phillip Lord Simpson and Lureta Mary Cole were married Aug. 14, 1930 by Joseph Christenson , Elder of Church of LDS .
Viewed by VS

Own childs birth certificate Nolan Cole Simpson born June 5, 1932 at Rupert, Idaho, State file # 204252 gives mothers name as Lureta Mary Cole.
Viewed by VS

543-23-032-853

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lincoln

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 11234

Primary Registration District No. 2015 Registered No. 5

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 23 1913

FATHER		MOTHER	
FULL NAME	Hall Nichols	FULL MAIDEN NAME	Mary Hollenwell
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Scott M.D.

Rupert Ida

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed 2/10/1913 C. R. Killeen Registrar

S-Y CO. 20174

OCT 6 1966

619424: 032-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lincoln

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 11235

Primary Registration District No. 2102 Registered No. 6

FULL NAME OF CHILD Robbert L Farnsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Jan 24 1913

	FATHER	MOTHER
FULL NAME	John Farnsworth	FULL MAIDEN NAME Agnes Livingston
RESIDENCE	Rupert Idaho	RESIDENCE Rupert
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Utah
OCCUPATION	Farming	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. H. Scott M.D.

Rupert Idaho

(Physician or ~~midwife~~)

Given names added from a supplemental report

_____ 19____

Address _____

Filed 2/10/1913 W. R. Kellum

_____ Registrar

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

253.227.032-943

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Lincoln

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 11237

Primary Registration District No. 2015 Registered No. 8

FULL NAME OF CHILD GENEVIEVE BELL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William T Bell	Lily Rule
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	54	37
BIRTHPLACE	Kentucky	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a.s. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennaugh

Physician

(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2/10/ 1913 V. R. Tillru Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Cassia }

Certificate No. 11237

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Ball (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 27, 1913 (DATE OF EVENT)
in Rupert Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Social Security (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on about five years ago (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Genevieve Ball

Subscribed and sworn to before me this 20th
day of April, 1942
Henry W. Yzikes
Notary Public, residing at Burley, Ida.
My commission expires June 1, 1942
(SEAL)

Signed Alta Dayley
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Burley, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Cassia }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20
day of April, 1942
Henry W. Yzikes
Notary Public, residing at Burley, Idaho
My commission expires June 1, 1942
(SEAL)

Signed Mae Ball
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rupert, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 22 1942 By
(REGISTRAR'S SIGNATURE)

813-227-032699

Form V. S. [illegible]-C—20m-6-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Linda

County of Minidoka

City of Rupert

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 — File No. 11238

Primary Registration District No. 2015 — Registered No. 9

FULL NAME OF CHILD Bessie M Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	1 (Month) 27 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ray Hall	FULL MAIDEN NAME	Blossie Wright
RESIDENCE	Rupert Ida	RESIDENCE	Rupert Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Stable Boss USRS	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kinnaman

Physician

(Physician or midwife)

Address Rupert Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2/10/ 1913 E R Keller Registrar

S-Y CO. 20174

MAY 20 1942

MAY 7 1970

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

289-178-032369

County of Lincoln

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 11239

Primary Registration District No. 2015 Registered No. 10

FULL NAME OF CHILD Willard Henry Shillington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 28 1913

FATHER		MOTHER	
FULL NAME	Guy W. Shillington	FULL MAIDEN NAME	Jessie M. Lore
RESIDENCE	Rupert.	RESIDENCE	Rupert.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 6 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Scott M.D.

Rupert Idaho

(Physician ~~or midwife~~)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed 2/10/ 1913 V. P. Killen Registrar

S-Y CO. 20174

JAN 30 1970

5/12/41 L. D.

243-129-032-165

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

County of Lincoln

City of _____

Registration District No. 29 File No. 11240

No. _____ St.

Primary Registration District No. 2102 Registered No. 11

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henri Bullock	Clara Jones
RESIDENCE	Haybourn	Haybourn
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. P. Killam M D

Haybourn

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed Feb. 10 1913 V. P. Killam

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

99711 - OK

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11241

County of Canyon

City of _____ Registration District No. 22 File No. _____

No. _____, _____ St. Primary Registration District No. 2009 Registered No. 180

Hospital _____

FULL NAME OF CHILD Baby Riggs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 11, 1913

FATHER		MOTHER	
FULL NAME	Alva Riggs	FULL MAIDEN NAME	Sadie Garregues
RESIDENCE	Baker City Ore	RESIDENCE	Canyon Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Oregon
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J J Saragin

(Physician or Midwife)

Address Nyssa Ore

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Feb 12 1913 T R Woodward Registrar

Dep

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child add (1), (2), etc., after each name. Number must be made in words and the number
of each child stated

342-120-1014795

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 11242

Primary Registration District No. 2009 Registered No. 178

FULL NAME OF CHILD Franklin Arthur Tussing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	and —	yes	Jan. 28th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Corey Iroin Tussing	Cordia Gisler
RESIDENCE	Fruitland, Ida	Fruitland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	22
BIRTHPLACE	Carroll, Nebraska	Boyd
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wingate, M.D.
Fruitland, Ida.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Jan 27 1913 S R Woodward Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

FEB 16 1973

168-206-014-857

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 11243

Primary Registration District No. 2029 Registered No. 177

FULL NAME OF CHILD RUBY LORENA JOHNSON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	Jan. 6th (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Gustav Johnson	FULL MAIDEN NAME	Alice Heop
RESIDENCE	Fruitland, Ida	RESIDENCE	Fruitland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Fredonia, Wyo.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M.D.

Fruitland, Ida (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Jan 20 19 13 S R Woodward Registrar

..... Registrar

8-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Payette }

Certificate No. 11 4 3

Date Filed APR 20

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on June 6, 1913 (DATE OF EVENT)
in Fruitland Ida (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Ruby Lorena Johnson

Subscribed and sworn to before me this 17th
day of April, 1942.

W. R. McClure
Notary Public, residing at Payette, Idaho

My commission expires 7-5-44.
(SEAL)

Signed Alice Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Fruitland Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Payette }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of April, 1942.

W. R. McClure
Notary Public, residing at Payette, Idaho

My commission expires 7-5-44.
(SEAL)

Signed Andrew Johnson.
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Fruitland, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO SUPPLY OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH

State of .....

County of ..... } ss.

The undersigned does solemnly swear that certain facts on the certificate of .....

for ..... (NAME ON ORIGINAL CERTIFICATE) who was born on .....

in ..... (PLACE OF EVENT) See attached sheet if we are changing this. to the best of my knowledge the

true facts as shown by ..... (GIVE DATE)

FACTS TO BE CORRECTED (Name, Parents, Date, Place, etc.)

FROM	TO
(As on Original)	(As Corrected)

Subscribed and sworn to before me this ..... day of ..... 19 .....

Signed .....

(IF CORRECTING A BIRTH RECORD, INFORMANT MUST BE MOTHER, FATHER, GUARDIAN, OR OTHER PERSON.)

.....

(NOTARY PUBLIC OR OTHER OFFICIAL)

.....

(CORRECT ADDRESS, CITY, STATE)

My Commission Expires .....

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....

County of ..... } ss.

(USE ONLY WHEN THERE IS NO SECOND PARENT TO BE AVAILABLE.)

The undersigned does solemnly swear that he is now living at ..... and that the facts as set forth above and on the attached sheet are true to the best of his knowledge.

Signed .....

(INFORMANT—IF OTHER THAN PARENT, GIVE RELATIONSHIP TO PERSON NAMED ABOVE)

Subscribed and sworn to before me this ..... day of ..... 19 .....

.....

(NOTARY PUBLIC OR OTHER OFFICIAL)

My Commission Expires .....

By .....

PLACE OF BIRTH

County of Bonner

City of Priestland, Ida. Registration District No. 22 File No. 11244

No. St. Primary Registration District No. 2009 Registered No. 176

Hospital

FULL NAME OF CHILD George James Barnard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male	—		—	Yes	June 8th (Month / Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Barnard	Mildred Heap
RESIDENCE	Priestland	Priestland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	18
BIRTHPLACE	Iowa	Idaho
OCCUPATION	Mason	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.46 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright

Priestland, Ida. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Jan 20 19 13 J. R. Woodward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 16 1941

PLACE OF BIRTH

County of

JUN 28 1951

385.28-01Y.168

PLACE OF BIRTH

County of Cruyon

City of Fruitland

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 22 File No. 11245

Primary Registration District No. 2009 Registered No. 175

FULL NAME OF CHILD Helen Arlene Thebo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	Jan 1st 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Horton Thebo	FULL MAIDEN NAME	Caroline Elisabeth Johnson
RESIDENCE	Emmett	RESIDENCE	Emmett, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Vale Ore.	BIRTHPLACE	Salaquin Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

(Signature) Crispin Wright M.D.

Fruitland, Ida (Physician or midwife)

Address ____

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Jan 20 1913 J R Woodward Dep— Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 11245

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ursula	Helen Arlene Thebo

Subscribed and sworn to before me this 2 day of Feb, 19 47

Eulalia Ambrose

Notary Public, residing at Boise

My commission expires 7/1/47

(Seal)

Signed Mrs. Lowell H. Foster

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... }
County of ..... } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19.....

Notary Public, residing at .....

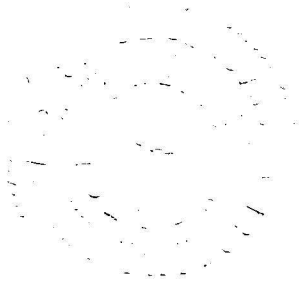
My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



FEB 2 1944

795-130-01X-799

PLACE ~~OF BIRTH~~

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. ____, ____ St.

Hospital ____

Registration District No. ____

File No. 11246

Primary Registration District No. 2008

Registered No. 179

FULL NAME OF CHILD OLIVER RAYMON PINE

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	5	yes	Jan 30, 1913

	FATHER	MOTHER
FULL NAME	John J Pine	Maggie M Price
RESIDENCE	Payette Idaho	Payette Idaho ~~Ogden Utah~~
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Gunnison Utah	Ogden Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth fifth

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Carter MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan 30 1913 J R Woodward

S-Y CO., 16670 Registrar Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon, } ss.
County of Wallowa }

Certificate No. 11246

Date Filed April 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Oliver Raymond Pine (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 30th 1913 (DATE OF EVENT)
in Payette Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Genealogy of Wm. Melbrepared on Oct. 8th 1918 (GIVE DATE), are:
(BIBLE RECORD, INSURANCE POLICY, ETC.)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Oliver Raymon Pine
Oliver Raymond Pine	Payette Idaho,	January 30th 1913

Subscribed and sworn to before me this
day of ~~April~~ 26th, March 1942
F. F. McCully
Notary Public, residing at Wallowa?oregon
My commission expires NOTARY PUBLIC FOR OREGON
(SEAL) MY COMMISION EXPIRES FEB. 3, 1945

Signed John James Pine
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Father of Oliver Raymond Pine
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Wallowa }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of March, 1942
F. F. McCully
Notary Public, residing at Wallowa, Oregon,
My commission expires NOTARY PUBLIC FOR OREGON
(SEAL) MY COMMISION EXPIRES FEB. 3, 1945

Signed Virginia Pine Booth
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Wallowa, Oregon
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 3 1942

385/02.014-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Canyon

City of _____

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 22 File No. 11247

Primary Registration District No 2005 Registered No. 174

FULL NAME OF CHILD Unnamed Ogan Male Cheek

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 2 1913

FATHER		MOTHER	
FULL NAME	Mack M. Cheek	FULL MAIDEN NAME	Ennis Cockrum
RESIDENCE	Six miles north of Payette	RESIDENCE	with husband.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	37. (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

_____ Registrar

(Signature) O. H. Avery

Physician (Physician or Midwife)

Address Payette, Idaho

Filed Jan 9 1913 E. K. Woodward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 9 1942

Form V. S. No. 11-C—10m-2-11

354-201-01X-613

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 22 File No. 11248

No. ....., ... St.

Primary Registration District No. 2008 Registered No. 173

Hospital .....

FULL NAME OF CHILD Ina May Lemley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	( )	1	Yes	1 — 1 — 1913

FATHER		MOTHER	
FULL NAME	Earl S Lemley	FULL MAIDEN NAME	Bessie Watts
RESIDENCE	Payette Idaho	RESIDENCE	Payette
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ohio	BIRTHPLACE	Kansas
OCCUPATION	Employee in Cold Storage	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Lewis Crouch

Physician

(Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 7 1913 J R Woodward

Registrar

.....

Registrar

S-Y CO., 18670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

995-20710144-669

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

Registration District No. 22 File No. 11249

No. ____, ____ St.

Primary Registration District No. 2005 Registered No. 172

Hospital ____

FULL NAME OF CHILD Helen Lucile Fretwell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			yes	Jan 7, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter E Fretwell	Ida Forbes
RESIDENCE	La Center, Wash.	with husband
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Idaho	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3 15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J R Woodward

Phys —

(Physician or Midwife)

Address Payette Idaho —

Given names added from a supplemental report

....., 19....

Filed Jan 9 1913 J R Woodward Dep — Registrar

S-Y CO. 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

386 108 007 79

PLACE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 11250

Primary Registration District No. 2072 Registered No. 1

FULL NAME OF CHILD Donald La Verne Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 8 1913

FATHER		MOTHER	
FULL NAME	Willis N. Thompson	FULL MAIDEN NAME	Ivah Mae Giffin
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Cincinnatti	BIRTHPLACE	Greenfield, Iowa.
OCCUPATION	Principal.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 10 19 13 Robert H. Wright Per S. Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

213·105·007-719

PLACE OF BIRTH

County of Blaine

City of Arco

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 21

File No. 11251

Primary Registration District No. 2024

Registered No. 2

FULL NAME OF CHILD John Homer Ballard

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M	X (To be answered only in event of plural births)	X	Yes	Jan. 5 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard B. Ballard	Minnie Ola Parker
RESIDENCE	Arco, Ida.	Arco,
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	38
BIRTHPLACE	Texas	Texas
OCCUPATION	Farmer,	Housewife.

Number of child of this mother, including present birth ... sixth

Number of children, of this mother, now living, including present birth ... six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Richard Ballard

Husband

(Physician or Midwife)

Address Arco Idaho

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 19 13 Robert H. Wright

Per S Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

799-103-007-364

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

No. ____, ____ St.

Registration District No. 2

File No. 11254

Primary Registration District No. 2013

Registered No. 5

Hospital ____

FULL NAME OF CHILD Nelson Orris Griffeth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 3, 1913

FATHER		MOTHER	
FULL NAME	James Nelson Griffeth	FULL MAIDEN NAME	Mary V. Couch
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Jan 3 1913 at 7a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt Ortega

Physician

(Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 10 19 13 Robert H. Wright
Per S
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1 1945

Dup of 1913 - 308203

497128'007-796

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 11255

Primary Registration District No. 2043 Registered No. 6

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	1 28 1913

FATHER		MOTHER	
FULL NAME	Harvey Dixon	FULL MAIDEN NAME	Emily S Grow
RESIDENCE	Hailey Ida	RESIDENCE	Hailey Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Mechanic	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Jan 28 1913, at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt A Higgs

Physician
(Physician or Midwife)

Address Soldier Ida.

Given names added from a supplemental report

..... 19.....

Registrar

Filed Feb 5 19 13 Robert H. Wright

Per S Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 16 1971

253-130-007-253

PLACE OF BIRTH

County of Blaine

City of Bellevue

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21 File No. 11256

Primary Registration District No. 2022 Registered No. 4

FULL NAME OF CHILD Samuel Glenn Bellinger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 30, 1913

FATHER	MOTHER
FULL NAME: Richard Bellinger	FULL MAIDEN NAME: Lillie Bellinger
RESIDENCE: Bellevue, Ida	RESIDENCE: Bellevue Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Virginia City Nev
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 2 19 13 Robert H. Wright Registrar

Per S.

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

249-202-007-389

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ____ St.

Hospital Not Named

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 71

Primary Registration District No. 7077

File No. 11257

Registered No. 8

FULL NAME OF CHILD Rachel Allen Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Girl	and	3	Yes	January 2 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Jess Smith	FULL MAIDEN NAME	Addie Chism
RESIDENCE	Ketchum	RESIDENCE	Ketchum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Miss.	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.

Bellevue Idaho (Physician or midwife)

Given names added from a supplemental report

....., 19.....

..... Registrar

Address .....

Filed Feb 13 19 13 Robert H. Wright Registrar

Per S.

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1944

243-120-019556

PLACE OF BIRTH

County of Custer

City of Chilly

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14 File No. 11261

Primary Registration District No. 2064 Registered No. 73

FULL NAME OF CHILD Edmund Ira Bartley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	1 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Bartley	Rosa Miff
RESIDENCE	Chilly, Idaho	Chilly, Idaho.
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY (Years)	31	27
BIRTHPLACE	Idaho	Utah
OCCUPATION	Rancher	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 a.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. P. Richards M.D.

(Physician or Midwife)

Address Mackay, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/22 1913 C. B. Hurley

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 27 1942

454/102. 019. 993.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Mackay

No. ____, ____ St.

Hospital ____

Registration District No. 14 File No. 11266

Primary Registration District No. 2064 Registered No. 78

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	1 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Speer De Witt	Barbara Ritter
RESIDENCE	Mackay Ida	Mackay
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	22	17
BIRTHPLACE	Montana	Afton Wyo
OCCUPATION	Miner	Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. E. Macy

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan. 22 1913 C. L. Hartley Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

367-215-019553

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of MacKay

Registration District No. 14

File No. 11267

No. ____, ____ St.

Primary Registration District No. 2064

Registered No. 79

Hospital

FULL NAME OF CHILD Williamina Marjorie Logan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	1/15, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno Logan	Barbara Cunslie
RESIDENCE	MacKay	Mackay
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	29
BIRTHPLACE	Scotland	Scotland
OCCUPATION	Day Laborer	Wife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. E. Mason

(Physician or Midwife)

Address MacKay

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 22 1913 C. L. Hutchings

Registrar

S-Y CO., 16670

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-4-20-11

868-127-019692

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. 14

File No. 11269

No. ____, ____ St.

Primary Registration District No. 2061

Registered No. 81

Hospital WILLIS GEORGE

FULL NAME OF CHILD Baby Hahn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 27, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Hahn	Nellie Fisher
RESIDENCE	Clayton	Clayton
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Wash.	Colorado.
OCCUPATION	Furnaceman in smelter	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelly M.D.

(Physician or Midwife)

Address Challis, Ida

Given names added from a supplemental report

....., 19.....

Filed Feb. 3rd 1913. C. S. Kirtley

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grant }

Certificate No. 1269

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Willis George Hahn (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. [redacted] (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Willis G. Hahn
		(George)

Subscribed and sworn to before me this 13th day of October, 1942.

Notary Public, residing at Grand Coulee

My commission expires Dec 29, 1942

(SEAL)

Signed Chas J Hahn

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Grand Coulee, Wn

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grant }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of October, 1942.

Notary Public, residing at Grand Coulee

My commission expires Dec 29, 1942

(SEAL)

Signed Mrs Grace Hahn

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Grand Coulee Wn

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

JAN 9 1943

OCT 3 1975

593-231019-613

PLACE OF BIRTH

Form V. S. 145.11-C-15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis

No. ____, ____ St.

Hospital ____

Registration District No. 14

File No. 11270

Primary Registration District No. 2061

Registered No. 82

FULL NAME OF CHILD Mary Elizabeth Nicholson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 31, 1913

FATHER		MOTHER	
FULL NAME	Wm. H. Nicholson	FULL MAIDEN NAME	Nannie B. Watson
RESIDENCE	Challis	RESIDENCE	Challis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ill.	BIRTHPLACE	Kan.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelley M.D.

(Physician or Midwife)

Address Challis Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 3rd 1913 C. B. Hurtt Registrar

S-Y-CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 8 1975

DEC 27 1944

259-130·029-154

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE BUREAU OF [redacted] ISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 15

Primary Registration District No. 2065

File No. 11272

Registered No. 404

FULL NAME OF CHILD Raimond Woodroar Bergquist

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Jan 30 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Nels Bergquist	FULL MAIDEN NAME	Anna C Anderson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Honor Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan 30 1913, at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J C Wolcott

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 30 1913 J C Wolcott

Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

396-229-029-234

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11273

Primary Registration District No. 2068 Registered No. 22

FULL NAME OF CHILD Mary Catherine

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	~	~	Yes	Jan 29 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Crossman Jr.	FULL MAIDEN NAME	Loretta Stubbs
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25.
BIRTHPLACE	S Dak.	BIRTHPLACE	Mont.
OCCUPATION	miner	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9.40 P. M. on the date above stated.

(Signature) P. C. Stuart

(Physician or midwife)

Address Deary

Filed Feb 1 1913 P. C. Stuart Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

614-112-029.213

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11274

Primary Registration District No. 2068 Registered No. 23

FULL NAME OF CHILD Rex Rodney Fanst

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓	✓	Yes	Jan 12 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy C. Fanst	FULL MAIDEN NAME	Grace Bates
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Physician	OCCUPATION	H. W.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. C. Fanst

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1/28 19 13 R. C. Fanst Registrar

S-Y CO. 20174

Certified Copy issued Dec. 2, 1940. E.W.

JAN 14 1971

168-202-028632

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 15 File No. 11275

Primary Registration District No. 2066 Registered No. 12

FULL NAME OF CHILD Anna Julia Johnston.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes	Jan. 2, 1913.

FATHER		MOTHER	
FULL NAME	Edward Johnston.	FULL MAIDEN NAME	Bertha E. Olson.
RESIDENCE	Potlatch	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	31. (Years)	AGE AT LAST BIRTHDAY	29. (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Norway.
OCCUPATION	Sawyer in Mill.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Jm. Thompson. M. D. (Physician or Midwife)

Address Potlatch. Idaho.

Given name added from a supplemental report

....., 19....

Filed Jan. 11 1913. Dr. Jm. Thompson Registrar

....., Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

382-118-024-599

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 15. File No. 11276

Primary Registration District No. 2066. Registered No. 11

FULL NAME OF CHILD Johan Cato Lysewold

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	✓	✓	yes.	Jan. 18 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ole Lysewold.	Karen Ericksen.
RESIDENCE	Potlatch.	Potlatch.
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	35.	31.
BIRTHPLACE	Norway.	Norway.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 4 a. Number of children, of this mother, now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 1 10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Thompson M. D.
(Physician or Midwife)

Address Potlatch - Idaho.

Given name added from a supplemental report

....., 19....

Filed Jan. 30. 1913. D. W. Thompson
Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

349-130-029-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of

No ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 11280

Primary Registration District No. 2066 Registered No. 16

FULL NAME OF CHILD Edgar Ralph Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.		✓	Yes	Jan 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edgar L Curtis	Mary Bowlus
RESIDENCE	Latah Co	Latah Co
COLOR / AGE AT LAST BIRTHDAY (Years)		White 27
BIRTHPLACE	Kans.	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated., at 11 A M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Harrison M.D.

(Physician or Midwife)

Address Palouse Wn

Given names added from a supplemental report

....., 19.....

Filed Jan 31st 1913 D. M. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 1280

1. PLACE OF BIRTH

2. FULL NAME OF CHILD

3. SEX

4. THIS BIRTH

5. DATE OF BIRTH

6. MOTHER

7. RESIDENCE

8. COLOR OR RACE

9. AGE AT LAST BIRTHDAY

10. BIRTHPLACE

11. OCCUPATION

12. FATHER

13. RESIDENCE

14. COLOR OR RACE

15. AGE AT LAST BIRTHDAY

16. BIRTHPLACE

17. OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at the hour stated, on the date above given.

Given name added from a supplemental report

(Signature of physician)

Address

Filed 19

Registrar

Registrar

Form V. S. No. 11-C—10m-8-7-11

MAKING RECORD OF THIS CERTIFICATE WITHOUT AUTHORITY OF LAW IS A MISDEMEANOR

28/403-029-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

Registration District No. 15 File No. 11281

Primary Registration District No. 2066 Registered No. 17

FULL NAME OF CHILD Clifford L Shaffer

Sex of Child	Twin, Triplet—or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Feb. 2 1913

FATHER	MOTHER
FULL NAME: Harvey D Shaffer	FULL MAIDEN NAME: Edith Dickenson
RESIDENCE: Potlatch	RESIDENCE: Potlatch Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Mont	BIRTHPLACE: Wash
OCCUPATION: Laborer in mill	OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Hanson MD

(Physician or Midwife)

Address Palouse Wash

Given names added from a supplemental report

....., 19.....

Filed Feb 5th 1913

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

JUN 27 1945

STATE OF IDAHO

Bureau of Vital Statistics

419.218.039266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No 11282

Primary Registration District No 2064 Registered No 29

FULL NAME OF CHILD Mary Nevada Marsh

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	1 18 1913

FATHER		MOTHER	
FULL NAME	Curtis J. Marsh	FULL MAIDEN NAME	Emily Bowers
RESIDENCE	Kendrick Ida	RESIDENCE	Kendrick Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Oregon	BIRTHPLACE	Montana
OCCUPATION	laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed 1 20 13 J E Hoyt

Registrar

SYMS - YORK CO., PTRS. & RDRS. 17326

Registrar

K

OCT 2 4 1975

249-104-039-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of near Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 11283

Primary Registration District No. 2064 — Registered No. 30

FULL NAME OF CHILD Elmer Bennett Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m			yes	1 4 13

FATHER		MOTHER	
FULL NAME	Victor Smith	FULL MAIDEN NAME	Gertrude Bennett
RESIDENCE	near Kendrick	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Minn.
OCCUPATION	Salesman	OCCUPATION	housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-4 19 13 J E Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

PLACE OF BIRTH

STATE OF IDAHO

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

859-126-029-365

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-8-15-12

CERTIFICATE OF BIRTH

Registration District No. 15

File No. 11284

Primary Registration District No. 2663

Registered No. 24

FULL NAME OF CHILD Clinton Jacob Herman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	1 26 1913

	FATHER	MOTHER
FULL NAME	C. N. Herman	FULL MAIDEN NAME Lucy Dominig
RESIDENCE	Town	RESIDENCE Town
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years) 25
BIRTHPLACE	Germany	BIRTHPLACE Kans.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1. A. M. on the date above stated.

(Signature) W. N. Cohen

(Physician or midwife) Genesee Idaho

Address .....

Filed 1-27 19 13 W. N. Cohen Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 4 1971

JAN 9 1975

636-119-029-634

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11285

Primary Registration District No. 2063 Registered No. 25

FULL NAME OF CHILD Arthur Ray Flomer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	1 19 1913

	FATHER	MOTHER
FULL NAME	Henry Flomer	Velma Alldag
RESIDENCE	Genesee Idaho	Genesee Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Germany	Iowa
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorn M.D.

Genesee Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 1-29 1913 W. H. Ehrn Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No.

Registration District No.

Registrar's No.

Registered

Name of Child

Sex

This Birth

Twin, Triplet or Other

Number in order of birth

Date of Birth

Hour of Birth

I HEREBY CERTIFY that I attended the birth of this child who was born alive at the hour and on the date above stated.

Signature

Address

Date Signed

Physician or Midwife

Address

Date Signed

Name of Father

Color

Age (Years)

Birthplace

Name of Mother

Color

Age (Years)

Birthplace

Maiden Name

Number of Children of this Mother now living

Number of Children of this Mother born dead

Number of Children of this Mother born alive but now dead

Number of Children of this Mother born alive

275.209.029-128

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of _____

Registration District No. 15 File No. 11286

No. _____ St.

Primary Registration District No. 2063 Registered No. 26

Hospital _____

FULL NAME OF CHILD Marguerite Winifred Spencer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	1 9 1913

FATHER		MOTHER	
FULL NAME	John Spencer	FULL MAIDEN NAME	Edith Ashley
RESIDENCE		RESIDENCE	Genesee
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Id	BIRTHPLACE	Wash
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. T. Thorne

Genesee Idaho

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 1-12 1913 W. H. Ehen Registrar

S-Y CO. 20774

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1 1954

OCT 24 1972

962.208.029.462

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lyleh

City of Jeneseo

No. ..... St.

Hospital

Registration District No. 15

Primary Registration District No. 2063

File No. 11287

Registered No. 27

FULL NAME OF CHILD Marie Morgy Caroline Rosenau

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	1. 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gus Rosenau	Emma Roesheck
RESIDENCE	Farmer	Farmer
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	23
BIRTHPLACE	Minn	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 M. on the date above stated.

(Signature) W. F. Ehem

Jeneseo (Physician ~~or midwife~~)

Address .....

Filed 1-9 1913 W. F. Ehem Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1967

495-216-029-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11288

Primary Registration District No. 2063 Registered No. 28

FULL NAME OF CHILD Lizzie ann Dresher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			Yes	Jan 16, 1913

	FATHER	MOTHER
FULL NAME	John L. Dresher	Minnie Alice Currins
RESIDENCE	Genesee Ida.	Genesee Ida.
COLOR	white	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Oregon State	Washington State
OCCUPATION	Laborer (Farm)	House - Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Call

Physician (Physician or Midwife)

Address Genesee Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Jan 17 1913 W. H. Thum
Registrar

SYMS - YORK CO., PTRS. & STRS. 17826

JUN 27 1966

419-206-029-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Lakoh

City of Near Garfield

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 11289

Primary Registration District No. 2062 Registered No. 44

FULL NAME OF CHILD Unnamed Wilds Jr

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Miles Bailey	Inez Prentop
RESIDENCE	Garfield Wash R.F.D. # 1	Garfield Wash R.F.D. # 1
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	23
BIRTHPLACE	Washington	Wisconsin
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. C. Wood

Physician

(Physician or Midwife)

Address Garfield Wash

Given names added from a supplemental report

....., 19.....

Filed Jan. 15 1913 W. T. Rae

Registrar

S-Y CO., 16670

Registrar

269-116-029-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Viola

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11291

Primary Registration District No. 2062 Registered No. 10

FULL NAME OF CHILD Thurston Lynwood Swift

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	Jan. (Month) 16 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur R. Swift	Bertha B. Whitford
RESIDENCE	Viola	Viola
COLOR	White	White
AGE AT LAST BIRTHDAY	36 (Years)	35 (Years)
BIRTHPLACE	Washington	Conn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Baird M.D.

(Physician or Midwife)

Address Palouse Wash

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 30 19 13

W. F. Rae Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MAY 16 1972

7/3110-02/442

PLACE OF BIRTH

County of Latah

City of Moscow, Ida.

No. ____ St.

Hospital Gritman

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11292

Primary Registration District No. 1008 Registered No. 400

FULL NAME OF CHILD Wade Patterson

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Jan 10 1913

FATHER		MOTHER	
FULL NAME	Ralph A. Patterson	FULL MAIDEN NAME	Jennie Duke
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 3:25 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman per L.H.C.

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan 20 19 13 W. F. Peck Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 22 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

25-115-029-742

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11293

Primary Registration District No. 1008 Registered No. 8

FULL NAME OF CHILD Arthur Ivor Berg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		4	yes	Jan 15 1913

FATHER	MOTHER
FULL NAME Joseph Andreassen	FULL MAIDEN NAME Clara B. Gustafson
RESIDENCE Moscow	RESIDENCE Moscow,
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Dakota (South)	BIRTHPLACE Minn.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live (Born alive or stillborn) at 11 A. M. on the date above stated.

(Signature) Joseph Asprey M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Jan 20 19 13 D. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. II-C—2m-2-15-42

APR 29 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

455.218.02P-262

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow, Ida.

No. Gritman Hospital St.

Hospital

Registration District No. 15 File No. 11294

Primary Registration District No. 1008 Registered No. 9

FULL NAME OF CHILD Margaret

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan. 18 1913

FATHER	MOTHER
FULL NAME: John Devine	FULL MAIDEN NAME: Nellie Boston
RESIDENCE: Near Moscow	RESIDENCE:
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: California	BIRTHPLACE: Dayton, Wash.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: First

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1145 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritman

Moscow, Idaho (Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed Jan. 24 19 13 W. H. Rae
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 6 1962

244-225-029-753

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11295

Primary Registration District No. 1008 Registered No. 18

FULL NAME OF CHILD Ruth Ellen Bumgarner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Y	Jan 25 1913

FATHER		MOTHER	
FULL NAME	Frank H Bumgarner	FULL MAIDEN NAME	Posy H. Peterson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was for alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 5 1913

H. H. Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 16 1942

386-216-02-205

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Jefferson St.

Hospital Aspray

Registration District No. 15 File No. 11296

Primary Registration District No. 1128 Registered No. 19

FULL NAME OF CHILD Elizabeth Annie Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Jan 16 1913

FATHER	MOTHER
FULL NAME Charles Lytle Thompson	FULL MAIDEN NAME Etta Seeley
RESIDENCE Moscow, Idaho	RESIDENCE Moscow Idaho
COLOR White	COLOR
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Dallas Co Iowa	BIRTHPLACE Clear Lake Wisconsin
OCCUPATION Abstracter	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray

Physician
(Physician or midwife)

Address Moscow Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Jan 25 1913

Dr. H. Rae
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1955

JAN 24 1969

363-130-029-453

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11297

Primary Registration District No. 1008 Registered No. 20

FULL NAME OF CHILD Chas. F.

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	Jan 30 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles F Coleman	FULL MAIDEN NAME	Agnes Delesha
RESIDENCE	Othello Wash	RESIDENCE	Othello Wash
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Iowa
OCCUPATION	Machinist	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Cosnay M. D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

....19....

Filed Feb. 5 19 13 W. H. Rae

Registrar

S-Y CO. 20174 /

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

195-228 19-742

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Registration District No. 13 File No. 11298

Primary Registration District No. 1008 Registered No. 21

FULL NAME OF CHILD Alvira Bernice Arntzen

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f	—	—	—	Yes	Jan 28 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Anton Arntzen	FULL MAIDEN NAME	Augusta Gustafson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Norway	BIRTHPLACE	Minn.
OCCUPATION	Painter	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray M.D.
(Physician or midwife)

Address Moscow Ida.

Given names added from a supplemental report

....19....

Filed Feb. 5 19 13 W. F. Rae
Registrar

....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-186-0292-79

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15

Primary Registration District No 2065

File No. 11299

Registered No. 3 ~~402~~

FULL NAME OF CHILD Warren Kinder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	Jan 16 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Jasper Kinder	Nellie Gray
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	30
BIRTHPLACE	Lyon Co Kansas	Montana
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Jan 16 1913, at 8:15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J W Olson

Physician
(Physician or Midwife)

Address Troy Idaho

Filed Jan 17 1913

J W Olson
Registrar

SYMS - YORK CO.; PTRS. & BDRS. 17826

493222-029-225

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Troy

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 — File No. 11300 4

Primary Registration District No 2065 — Registered No. ~~423~~

FULL NAME OF CHILD Mabel Gertrude Mitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 22 1913

	FATHER	MOTHER
FULL NAME	Joseph W Mitchell	FULL MAIDEN NAME Master May Spencer
RESIDENCE	Troy Idaho	RESIDENCE Troy Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Iowa	BIRTHPLACE Troy Idaho
OCCUPATION	Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Jan 22 1913, at 6.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) J W Olson
Physician
(Physician or Midwife)

Address Troy Idaho

Filed Jan 22 1913 J W Olson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 13 1972

[redacted] -210-029-759

PLACE OF BIRTH

Idaho

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Troy

Registration District No. 15

File No. 11301

No. ..... St.

Primary Registration District No. 2065

Registered No. 6

Hospital

FULL NAME OF CHILD Agnes Maria Erickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 10 1913

FATHER

FULL NAME: John Erickson
RESIDENCE: Troy Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Sweden
OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Karolina Person
RESIDENCE: Troy Idaho
COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: Sweden
OCCUPATION: House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated.

Jan 10 1913, at 10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Fred Johnson

Midwife (Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed Feb 1 1913

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Depaf 1913 - 3166776

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

[redacted]

[redacted]

NOV 18 1942

MAY 31 1974

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Orofino

Registration District No. 17 File No. 11303

No. ____, ____ St.

Primary Registration District No. 2078 Registered No. ____

Hospital ____

FULL NAME OF CHILD Ella Margaret Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	January 28, 1913

FATHER		MOTHER	
FULL NAME	George Chester Reed	FULL MAIDEN NAME	Eva Harper
RESIDENCE	Pierce Ida	RESIDENCE	Pierce Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Miner	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Faris

Physician

(Physician or Midwife)

Address Orofino Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed January 28, 1913 J. M. Faris

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 15 1959

75-23-058-754

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Clearwater

City of Orofino

No ____, ____ St.

Hospital ____

Registration District No 17 — File No. 11304

Primary Registration District No 2078 — Registered No. ____

FULL NAME OF CHILD Inez Allen Pederson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	January 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Theodor Pederson	Emma Pederson
RESIDENCE	Ahsahka Ida	Ahsahka, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Wisconsin	California
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at — M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) —

(Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address —

Filed January 23, 1913 J. M. Gainty Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 8 1942

NOV 2 6 1969

DEC 4 1969

469- 3-666

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Marsh Center

Registration District No 11

File No. 11305

No ....., ... St.

Primary Registration District No. 2042

Registered No. 27

Hospital .....

FULL NAME OF CHILD Roma Marley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female			yes	Jan. 20 1913 (Month) (Day) (Year)

FATHER

FULL NAME: Levi Bert Marley

RESIDENCE: Robin

COLOR: white

AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Sarah E. Woodland

RESIDENCE: Robin

COLOR: white

AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Utah

OCCUPATION: Wife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Robin Idaho.

Given names added from a supplemental report

....., 19.....

Ellis Kasey Registrar

Filed Jan 10 1913 Ellis Kasey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 17 1941

JUN 18 1942

MAY 16 1949

369-204-003-539

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 11314

Primary Registration District No. 2048 Registered No. 37

FULL NAME OF CHILD Barbra Louise Carbett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Jan 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Monroe Carbett	Mabel Gleason
RESIDENCE	Bancroft	Bancroft
COLOR	White	White
AGE AT LAST BIRTHDAY	24 (Years)	23 (Years)
BIRTHPLACE	Beautiful Utah	Logan Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Barbra Louise Carbett at 1 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Gaston

(Physician or midwife)

Address Bancroft, Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaney
Registrar

Filed Feb 10, 1913 Ellis Kaney
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, RETURN must be made for each and the number of each, stated.

389.105.003 - 313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 11316

Primary Registration District No. 2048 Registered No. 57

FULL NAME OF CHILD Walter Chantuner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 5 1913

FATHER		MOTHER	
FULL NAME	Walter Chantuner	FULL MAIDEN NAME	Lillie Call
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Keeps

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaerkley

..... (Physician or Midwife)

Address Soda Springs, Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaerkley
Registrar

Filed Feb 10, 1913 Ellis Kaerkley
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

619-210-003-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Registration District No. 11 File No. 11319

Primary Registration District No. 2048 Registered No. 5 2

Hospital ____

FULL NAME OF CHILD Mary Alene Harbus

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Jan 10 1913

FATHER		MOTHER	
FULL NAME	Thomas Morgan Harbus	FULL MAIDEN NAME	Mary Mackdermick
RESIDENCE	Bancroft	RESIDENCE	Bancroft Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Danville Kentucky	BIRTHPLACE	Greenfield Ohio
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Mary Alene Harbus (Born alive or stillborn) at 8 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report

....., 19.....

Ellis Kaack

Registrar

Filed Feb 10, 1913

Ellis Hackley

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

"N. B." In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1913-224710

412-107003-699

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11320
Local Reg. No.
Reg. Dist. No. 11

Amended 10/18/76

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Alexander
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Alexander
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Larven
b. (Middle):
c. (Last): Mason

4. SEX: M
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Feb 7, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Mason

8. AGE (At time of this birth): 38 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Virginia
10. USUAL OCCUPATION: Section Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Stella
b. (Middle):
c. (Last): Wright

13. AGE (At time of this birth): 38 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Mich.
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ellis Kackley
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Soda Springs
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: Feb 10, 1913
22. REGISTRAR'S SIGNATURE: Ellis Kackley
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Alexander

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 11320

Primary Registration District No 2048 Registered No. 48

FULL NAME OF CHILD Henry Mason

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		1st	yes	Feb 7, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Mason	FULL MAIDEN NAME	Stella Wright
RESIDENCE	Alexander	RESIDENCE	Alexander
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Virginia	BIRTHPLACE	Mich
OCCUPATION	Sellin Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaercky

(Physician ~~or Midwife~~)

Address Soda Springs

Given names added from a supplemental report

____, 19____

Ellis Kaercky Registrar

Filed Feb 10 1913 Ellis Kaercky Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

8 9/24/76

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 4 3 53 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Nevada
County of Clark } ss.

Certificate No. 11320

Date Filed 10-4-76

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Henry Mason (Name on Original Certificate) who was born (Was Born or Died) on Feb. 7, 1913 (Date of Event)
in Alexander (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Henry Mason	Larven Mason

Subscribed and sworn to before me this 4th day of October, 1976.

GAYLE S. GREENE
Notary Public—State of Nevada
COUNTY OF CLARK
My Commission Expires July 15, 1978

Gayle S. Greene
Notary Public, residing at Las Vegas
My commission expires 7-15-78
(Seal)

Signed Stella Mason Phelps
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4525 W. Irwin, L.V., Nv.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nevada
County of Clark } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of October, 1976.

GAYLE S. GREENE
Notary Public—State of Nevada
COUNTY OF CLARK
My Commission Expires July 15, 1978

Gayle S. Greene
Notary Public, residing at Las Vegas
My commission expires 7-15-78
(Seal)

Signed Rex Phelps
(Signature of Any Credible Person)

4525 W. Irwin, L.V., Nv.
(Street Address, City, State)

Certificate of Blessing issued 28 May 1913 gives name of Larven Mason born February 7, 1913 to ~~Alexander~~ John L. Mason and Stella M. Wright. MASON S.F.#11320 viewed by V.S.
in Alexander Idaho.

OCT 18 1976

Honorable Discharge from the U.S.Army gives name as Larven Mason born Feb 7, 1913 at Alexander, Idaho. date of separation Jan 10, 1946. viewed by V. S.

386-206-003-795

Amended 4-3-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11321
Local Reg. No. 49
Reg. Dist. No. 11

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soda Springs
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Sarah
b. (Middle): Lavon
c. (Last): Thorpe

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 6, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle):
c. (Last): Thorpe

8. AGE (At time of this birth): 40 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Saw-Mill Operator

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Elizabeth
b. (Middle):
c. (Last): Green

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ellis Kackley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Soda Springs, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 10, 1913

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 2 1967
Bureau of Vital Statistics

State of Utah } ss.
County of Weber

Certificate No. 11321

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ellis Thorp (Name on Original Certificate) who was born (Was Born or Died) on Feb. 6, 1913 (Date of Event)
in Soda Springs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church & Family Album (Bible Record, Insurance Policy, Etc.) prepared on Feb. 18, 1967 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ellis Thorp	Sarah Lavon Thorpe
Sex of Child	Male	Female
Father's Last Name	Thorp	Thorpe

Subscribed and sworn to before me this 18th day of February, 1967

Notary Public, residing at Ogden, Utah
My commission expires March 11, 1970
(Seal)

Signed Elizabeth Thorpe
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2578 Tyler Ave. Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of February, 19 67

Notary Public, residing at Ogden, Utah
My commission expires March 11, 1970
(Seal)

Signed
(Signature of Any Credible Person)

356 Franklin St. Ogden, Utah
(Street Address, City, State)

FORM DH 60-155 CL 1-24-67.

Photo Copy of Family Record, appears very old and unaltered, gives full names as John A. Thorpe and Elizabeth Green, married Dec. 5, 1898 at Montpelier, Idaho - viewed by V.S. and Sarah Lavon Thorpe, born Feb. 6, 1913 at Soda Springs, Idaho - viewed by V.S.

L.D.S. Church Archive Record, gives full names as John Alma Thorpe and Elizabeth Green, and a childs full name as Sarah Lavon Thorpe, born Feb. 6, 1913 at SodaSprings, Idaho to these parents - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 11321

Primary Registration District No. 2048 Registered No. 49

FULL NAME OF CHILD Ellis Thorp

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		—	yes	Feb 6, 1913

FATHER

FULL NAME: John Thorp

RESIDENCE: Soda Springs

COLOR: W AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Saw-Mill Operator

MOTHER

FULL MAIDEN NAME: Elizabeth Green

RESIDENCE: Soda Springs

COLOR: W AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Wife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at Midnight P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaercky

(Physician or Midwife)

Address Soda Springs.

Given names added from a supplemental report

....., 19.....

Ellis Kaercky Registrar

Filed Feb 10 1913 Ellis Kaercky Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

APR 3 1967

25-109-003-389

PLACE OF BIRTH

Form V. S. 346. 11-C—Idaho-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock.

City of Mink Creek.

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 11326

Primary Registration District No. 2048 Registered No. 25

FULL NAME OF CHILD LIONEL [illegible] Keller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 9, 1913

FATHER	MOTHER
FULL NAME: Adam A. Keller.	FULL MAIDEN NAME: Elvena Christensen.
RESIDENCE: Mink Creek.	RESIDENCE: Mink Creek.
COLOR: White. AGE AT LAST BIRTHDAY: 38. (Years)	COLOR: White AGE AT LAST BIRTHDAY: 20. (Years)
BIRTHPLACE: Utah.	BIRTHPLACE: Mink Creek Ida.
OCCUPATION: Farming.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1. Number of children, of this mother, now living, including present birth: 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaercy
Registrar

(Signature) Serena Christensen.

Midwife.
(Physician or Midwife)

Address Mink Creek.

Filed Feb 10, 1913 Ellis Kaercy
Registrar

3-Y COM. 48670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Franklin }

OCT 14 1946 RECEIVED

Certificate No. 11326
Date Filed
(Birth or death)

The undersigned does solemnly swear that certain facts on the certificate of Lional Adam Keller for Lional Adam Keller who on Jan 9th 1913
(Name on original certificate) (Was born or died) (Date of event)
in Munkcreek are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of event)
true facts as shown by Bible prepared on Jan 9th 1913, are:
(Bible record, insurance policy, etc.) (Give date)

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Perby Keller	Lional Adam Keller
Correct name is		Lional Adam Keller

Subscribed and sworn to before me this 10th
day of Oct, 1946
Arthur McCoy
Notary Public, residing at Preston, Idaho
My commission expires March 3, 1947
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Cedam Keller
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of Oct, 1941
Arthur McCoy
Notary Public, residing at
My commission expires March 3, 1944
[SEAL]

Signed Cedam Keller
(Signature of any credible person other than the previous affiant)
Munkcreek, Idaho
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

OCT 15 1941

236-20-003453

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—Rev-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 11328

Primary Registration District No. 2048 Registered No. 47

FULL NAME OF CHILD ~~XXXXXX~~ Stoddard CHARLES ALBERT STODDARD

Sex of Child: M	Twin, Triplet, or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? Yes	Date of birth: Jan 20, 1913 (Month) (Day) (Year)

FATHER

FULL NAME: Eugene Stoddard

RESIDENCE: Bancroft

COLOR: W AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farming

MOTHER

FULL MAIDEN NAME: Lilian Dalton

RESIDENCE: Bancroft

COLOR: W AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Utah

OCCUPATION: Wife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 10 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) ____

(Physician or Midwife)

Address Bancroft Ida

____, 19____

Eddie Kaney Registrar

Filed Feb 10, 1913 Eddie Kaney Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 11328

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	William Stoddard	Charles Albert Stoddard

Subscribed and sworn to before me this 20th day of January, 1944.
Wanda Coombs (Williams)
Notary Public, residing at Farmington, Utah
My commission expires 1947
(Seal)

Signed Eugene Stoddard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Eugene Stoddard
(Street Address, City, State)
Blackfoot Idaho

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

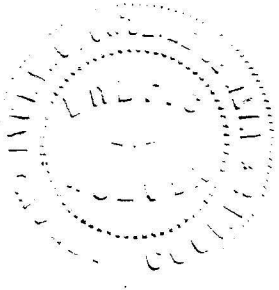
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

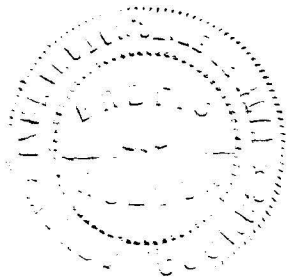
Subscribed and sworn to before me this 20th day of January, 1944.
Wanda Coombs (Williams)
Notary Public, residing at Farmington, Utah
My commission expires .....
(Seal) My Commission Expires May 19, 1947

Signed Eva S. Pace
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

2 6 1944





JAN 26 1944

759-1301003-659

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Chesterfield

Registration District No. 11 File No. 11329

No. ____, ____ St.

Primary Registration District No. 2048 Registered No. 46

Hospital ____

FULL NAME OF CHILD Joseph Perkins

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 30, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jasper W. Perkins	Ruth Ferrin
RESIDENCE	Chesterfield	Chesterfield
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) D. R. J. Smith

(Physician or Midwife)

Address Bancroft, Ida

Filed Feb 10, 1913 Ellis Kinsey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

, 19

Ellis Kinsey Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

215-289603-157

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Inmile

Registration District No. 11

File No. 11330

No. ____ St.

Primary Registration District No. 2048

Registered No. 45

Hospital ____

FULL NAME OF CHILD Helen Banks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 29 1913

FATHER		MOTHER	
FULL NAME	Joseph Banks	FULL MAIDEN NAME	Jane Rogers
RESIDENCE	Inmile Ida	RESIDENCE	Inmile Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	None

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Smith

(Physician or midwife)

Address Inmile Ida

Given names added from a supplemental report

____ 19____

Ellis Kaseley Registrar

Filed Feb 10, 1913 Ellis Kaseley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 10/1/70
215-1[illegible]003-154

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 11331

Primary Registration District No. 2048 Registered No. 44

FULL NAME OF CHILD Conrad A. Vanden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	Jan 29 1913

FATHER		MOTHER	
FULL NAME	August Vanden	FULL MAIDEN NAME	Selma Anderson
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 46 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. H. Smith

(Physician or midwife)

Address Bancroft, Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaercy
Registrar

Filed Feb 10 1913

Ellis Kaercy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 0 1970

OCT 1 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
AUG 26 1970
Bureau of Vital Statistics

State of Idaho
County of Caribou } ss.

Certificate No. 11331

Date Filed .....

The undersigned does solemnly swear that certain facts in the certificate of birth (Birth or Death)
for August Sanders (Name on Original Certificate) who was born (Was Born or Died) on Jan. 29, 1913 (Date of Event)
in Bancroft, IDaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on April 6, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	August Sanders	Conrad A. Sanders

Subscribed and sworn to before me this 30th day of June, 19 70.

Leonard O. Fingsford
Notary Public, residing at Soda Springs, Idaho.
My commission expires August 14, 1973.
(Seal)

Signed Conrad A. Sanders
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

20 West 3rd South, Soda Springs, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of July, 19 70.

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

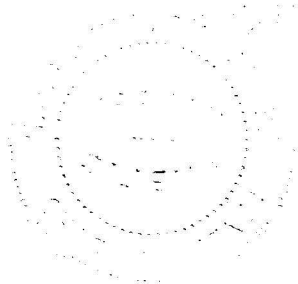
.....
(Street Address, City, State)

FORM DH 60-155

CL 5/27/70 1 cc pd.

Certificate of Blessing from LDS Church Lund Ward, Idaho Stake No. 42 gives name as Conrad A Sanders son of C. August Sanders and Selma C. Anderson. Born Jan. 29, 1913 at Chesterfield, Idaho. Was Blessed April 6, 1913. Signed by Paul T. Lechtenberg, Bishop. Viewed by V. S.

Bishop's Certificate from LDS Church gives name as Conrad A. Sanders. Dated Oct. 4, 1955. Signed by David O. McKay, Stephen L. Richards, J. Reuben Clark, Jr. Presidency of the LDS Church. Viewed by V. S.



229-2081003-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11C—10m-9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No ____, ____ St.

Registration District No. 11 File No. 11332

Primary Registration District No. 2048 Registered No. 525

Hospital ____

FULL NAME OF CHILD Mabel Skinner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb 8, 1913

FATHER		MOTHER	
FULL NAME	Wm Skinner	FULL MAIDEN NAME	Eliza Hazelhurst
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at 10 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Hackley

(Physician or ~~Midwife~~)

Address Soda Springs

Given names added from a supplemental report

____, 19____

Ellis Rancey
Registrar

Filed July 10, 1913

Ellis Rancey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-T-11

363-221-4

PLACE OF BIRTH

County of Cassia

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Burley

Registration District No. 31

File No. 11338

No. ____ St.

Primary Registration District No. 21 2nd

Registered No. 1

Hospital ____

FULL NAME OF CHILD Mildred Collins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	Jan 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. E. Collins	Elsie Venables
RESIDENCE	Burley, Idaho.	Burley, Idaho.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Kansas	Idaho.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.
(Physician or midwife)

Address Burley, Idaho.

Filed Feb 8 1913 L. B. Stockslager
Registrar

Given names added from a supplemental report

....., 19.....

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C -2m-2-16-12

PLACE OF BIRTH

County of Oneida

Address

Filed 19

Registrar

Registrar

8-Y CO. 20174

212-116-016-255

Form-V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Registration District No. 31

File No. 11334

Primary Registration District No. 21st

Registered No. 2

Hospital .....

FULL NAME OF CHILD Melvin B Sabey

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Jan 16th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	H. J. Sabey	FULL MAIDEN NAME	Elsion Bennett
RESIDENCE	Canada	RESIDENCE	Canada
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-8 19 13 L B Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

DEC 1 1953

555-114-016-386

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 11335

Primary Registration District No. 21st Registered No. 3

FULL NAME OF CHILD Venables

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan. 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John E. Venables	Julia Lyon
RESIDENCE	Burley Idaho	Burley Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Texas	Colorado
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D. (Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-8 19 13 L. B. Stockdale Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

842-114016-63

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 11336

Primary Registration District No. 21 3rd Registered No. 4

FULL NAME OF CHILD Huber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Jan. 14th 1913

FATHER		MOTHER	
FULL NAME	G. E. Huber	FULL MAIDEN NAME	Addie Jolley
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1-20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-8 19 13 C. B. Stockley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

713.212.016-356

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Cassia

City of Burley

Registration District No. 731

File No. 11337

No. ..... St.

Primary Registration District No. 2321

Registered No. 5

Hospital .....

FULL NAME OF CHILD Edditth Gallogly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 12 1913

FATHER		MOTHER	
FULL NAME	F. Gallogly	FULL MAIDEN NAME	Lydia Lewis
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Wisconsin	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 2-8 1913 L. B. Stockslager Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

818. 119016 - 869

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 11338

Primary Registration District No. 21 2d Registered No. 6

FULL NAME OF CHILD Homer George Hayden

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Jan. 19 1913

FATHER		MOTHER	
FULL NAME	Homer George Hayden	FULL MAIDEN NAME	Katy Horrigan
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neb.	BIRTHPLACE	Iowa
OCCUPATION	Mechanic	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 2-8 19 13 L. B. Slothower
Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 7 1976

557.128.016-216

PLACE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 11339

Primary Registration District No. 2134 Registered No. 7

FULL NAME OF CHILD Fred Engstrom

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	one	(To be answered only in event of plural births)	no	1/28th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gust. Engstrom	Teckla Bjorkander
RESIDENCE	Burley	Burley
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 42	White / 32
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Farmer	

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mrs. Hilda Shallinan

Midwife
(Physician or Midwife)

Address Burley Ida.

Filed Feb 8 1913 P. B. Stockenger
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 11339

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Engstrom (Name on Original Certificate) who was born (Was Born or Died) on Jan 28, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by High School Diploma (Bible Record, Insurance Policy, Etc.) prepared on May 17, 1928 (Give Date), are:
U. S. Honorable Discharge Sept. 1, 1945 Viewed by Vital Stat.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Fred Engstrom

Subscribed and sworn to before me this 29 day of December, 1956

Notary Public, residing at Notary Public in and for the State of Idaho
Residing in Boise, Ada County, Idaho
My commission expires My Commission expires Aug. 1, 1960.
(Seal)

Signed Tekla Engstrom
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2509 Regan Ave, Boise
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of December, 1956

Notary Public, residing at Notary Public in and for the State of Idaho
Residing in Boise, Ada County, Idaho
My commission expires My Commission expires Aug. 1, 1960.
(Seal)

Signed John Applegate
(Signature of Any Credible Person)

1705 No. 15th Boise Idaho
(Street Address, City, State)

FORM DPH 55. 155

MAR 27 1957

238-211016-134

PLACE OF BIRTH

County of Cassia

City of _____

No _____, _____ St.

Hospital _____

Amended 8/27/73

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 31 File No. 11340

Primary Registration District No 121nt Registered No. 8

FULL NAME OF CHILD Frances Schilling

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		One	Yes	Jan 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey McSchelling	Etta Louise Acuff
RESIDENCE	Burley	Burley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Valley City N.D.	Challis Idaho
OCCUPATION	Civil Engineer	House Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Minter MD
(Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

_____, 19____

K
Registrar

Filed 2-8 1913 L B Eskelsen
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

... WITH UNFADING INK—THIS IS A PERMANENT RECORD

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY

SEPARATE RETURN

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS AUG 13 3:27 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 11340

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Francis Shilling (Name on Original Certificate) who was born (Was Born or Died) on Jan 11, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Francis Shilling	Frances Schilling
father 's last name	Shilling	Schilling

Subscribed and sworn to before me this 6 day of August, 19 73

E. L. Mathews

Notary Public, residing at Rockland, Oregon

My commission expires July 15, 1975

(Seal)

X Signed Ethel Schilling
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

173 Oak St Rockland, Oregon 97670
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Contra Costa } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of August, 19 73

Helen S. Taylor

Notary Public, residing at San Pablo

My commission expires .....

(Seal)

OFFICIAL SEAL
HELEN S. TAYLOR
NOTARY PUBLIC-CALIFORNIA
CONTRA COSTA COUNTY
My Commission Expires Nov. 8, 1974

Signed Mrs. Merle Nusbera
(Signature of Any Credible Person)

4231 Nan Road
(Street Address, City, State)
El Sobrante, Calif.

FORM DH 60-155 CL 7/20773-am

Page from Baby book gives child's name as Frances Schilling and the father's name as Harvey Meritt Schilling , The mother's name as Etta Cluff Schilling. Viewed by V. S.

AUG 2 7 1973

Degree of Honor Protective Association, St. Paul, Minn. gives name as Frances Schilling Miller. Dated Nov. 1, 1941. Viewed by V. S.

762-202-016-663

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 11341

Primary Registration District No 31 m1 Registered No. 9

FULL NAME OF CHILD Ethel Robbins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		7	yes	Jan 2 1913

FATHER		MOTHER	
FULL NAME	Willard H Robbins	FULL MAIDEN NAME	Fortunde Cressa Fathman
RESIDENCE	Burley Ida	RESIDENCE	Burley Ida
COLOR		COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Treasures Ida	BIRTHPLACE	Soda Springs Ida
OCCUPATION	Livery man	OCCUPATION	Home Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Mueller

(Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

....., 19.....

Filed 2-8 19 13 L B Stockbridge

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

7-10-41

695-218016-264 (Be sure the information is complete and accurate)

Amended 8-15-68

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11342
Local Reg. No. 10
Reg. Dist. No. 31

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Cassia

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Aletha b. (Middle): Mildred c. (Last): Finley

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 18, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Charles b. (Middle): c. (Last): Finley

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Comberland, Ohio

10. USUAL OCCUPATION: Electrician

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Noomi b. (Middle): c. (Last): Bodle

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Guernsey Co., Ohio

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Minter, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Burley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-8-1913

22. REGISTRAR'S SIGNATURE: L. B. Stockslager

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the strict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUL 30 1968
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11342

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alethea Mildred Findley (Name on Original Certificate) who was born (Was Born or Died) on January 18, 1913 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Alethea Mildred Findley	Aletha Mildred Finley
Father's Name:	Charles Findley	Charles Finley

Subscribed and sworn to before me this 25 day of July, 1968

Isolde H. Andrade

Notary Public, residing at Union City

My commission expires .....

(Seal) My Commission Expires August 3, 1969

ISOLDE H. ANDRADE
Notary Public
Alameda County
State of California

Signed Aletha Mildred Dethlefs
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2517 Parkside Dr. Union City, Ca.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Alameda } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of July, 1968

Isolde H. Andrade

Notary Public, residing at Union City

My commission expires My Commission Expires August 3, 1969

(Seal)

ISOLDE H. ANDRADE
Notary Public
Alameda County
State of California

Signed Arthur L Dethlefs
(Signature of Any Credible Person)

2517 Parkside Dr.
Union City
(Street Address, City, State)

CL. 3-19-68. nm.

FORM DH 60-155

Photo copy of Family Record, appears old and unaltered, gives name of father as Charles Clayton Finley, born Sept. 18, 1881 in Ohio, gives daughter's name as Aletha Mildred Finley, born Jan. 18, 1913, Cassia Co., Idaho - viewed by VS.

Photocopy of Birth Registrartion, Oakland, California, gives name of child as Douglas Bruce Dethelfs, MAIDen name of mother as Aletha Mildred Finley, #45-3444.- viewed by VS.

Employment Record with The California State Board of Education, General Elementary Credential, employee of Plumas Unified School District, gives name as Aletha Mildred Finley Dethlefs, dated 19th of October, 1950 - viewed by VS.

Brother's Birth Cert. on file (Idaho Birth), #81027, gives father's name as Chas. C. Finley - viewed by VS.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Guernsey

City of Cambridge

No ____, ____ St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 11342

Primary Registration District No 2134 Registered No. 10

FULL NAME OF CHILD Althea Mildred Findley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	3	Yes	Jan 18 1911

	FATHER	MOTHER
FULL NAME	Charles F Findley	FULL MAIDEN NAME Norma Budd
RESIDENCE	Burley	RESIDENCE Burley
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Cumberland Ohio	BIRTHPLACE Guernsey Co Ohio
OCCUPATION	Electrician	OCCUPATION Home duties

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6a M. on the date above stated.

(Signature) J M Minter M.D.

(Physician or Midwife)

Address Burley Idaho

Filed 2-8 1911 P B Blackenagel Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

AUG 1 6 1968

261-210-016-749

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No. ____ St.

Hospital ____

Registration District No. 31 — File No. 11343

Primary Registration District No. 2130 — Registered No. 11

FULL NAME OF CHILD Ella Mae Swank

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	X	X	Yes	Jan 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Everett P. Swank	Charlotte Gurley
RESIDENCE	Albion Idaho	Albion Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Washington	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:10 P. M. on the date above stated.

(Signature) L B Stockdale MD

(Physician or midwife)

Address Albion Ida.

Filed Jan 12 19 13 L B Stockdale Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

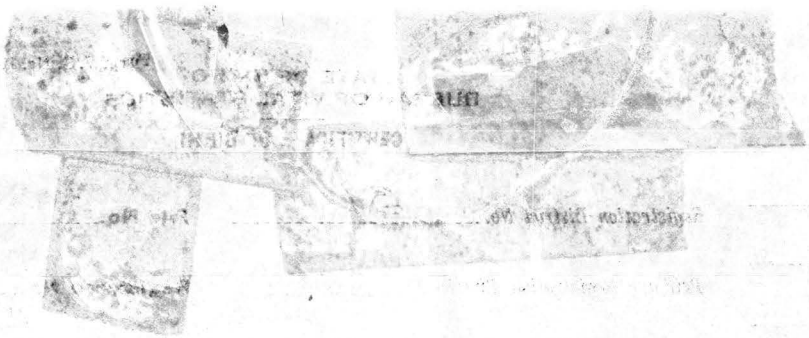
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



JUN 2 1 1954

219-116-016-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 11344

Primary Registration District No. 2125 Registered No. 12

FULL NAME OF CHILD WILLIAM CARL Barrett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	X	yes	Jan 16 1913

FATHER		MOTHER	
FULL NAME	William Barrett	FULL MAIDEN NAME	Sarah Lula Kidd.
RESIDENCE	Albion Ida	RESIDENCE	Albion Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Marion Idaho
OCCUPATION	Butcher	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockslager MD

(Physician or midwife)

Address Albion Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 15 19 13 L B Stockslager

Registrar

..... Registrar

8-Y CO. 20174

Form V.S. No. H-6 — 2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MAR 5 19

STATE OF ~~IDAHO~~

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Cassia } ss.

Certificate Nd344

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for William Carl Barrett (Name on Original Certificate) who was born (Was Born or Died) on January 16, 1913 (Date of Event)
in Albion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed Barrett	William Carl Barrett

Subscribed and sworn to before me this 4th
day of March, 19 42.

Notary Public, residing at Albion, Idaho

My commission expires Jan. 10, 1943
(Seal)

Signed / Lula Barrett mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Albion, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

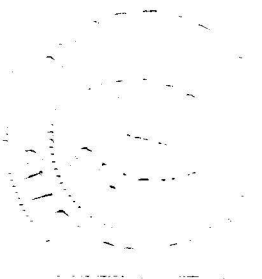
Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 4 1912



43.203:016-534

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Form V. S. No. 11-C—30m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 51 File No. 11345

Primary Registration District No. 2121 Registered No. 13

FULL NAME OF CHILD Bull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	Twins	1	Yes	Feb 3 1913

FATHER		MOTHER	
FULL NAME	Elmer A. Bull	FULL MAIDEN NAME	Mary Anny Elder
RESIDENCE	Albion	RESIDENCE	Albion Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Osage City Kansas
OCCUPATION	School teacher	OCCUPATION	housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockedger MD

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 5 1913 L B Stockedger Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-203016-534

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

Registration District No. 31 File No. 11346

Primary Registration District No. 2130 Registered No. 14

FULL NAME OF CHILD Bull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	twin	2	yes	Feb 3 1913

FATHER		MOTHER	
FULL NAME	Elmer A. Bull	FULL MAIDEN NAME	Mary Amy Elder
RESIDENCE	Albion Idaho	RESIDENCE	Albion
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	School teacher	OCCUPATION	housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:20 a. M. on the date above stated.

(Signature) L. B. Stockdale M.D.

(Physician or midwife)

Address .....

Filed Feb 5 1913 L. B. Stockdale M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

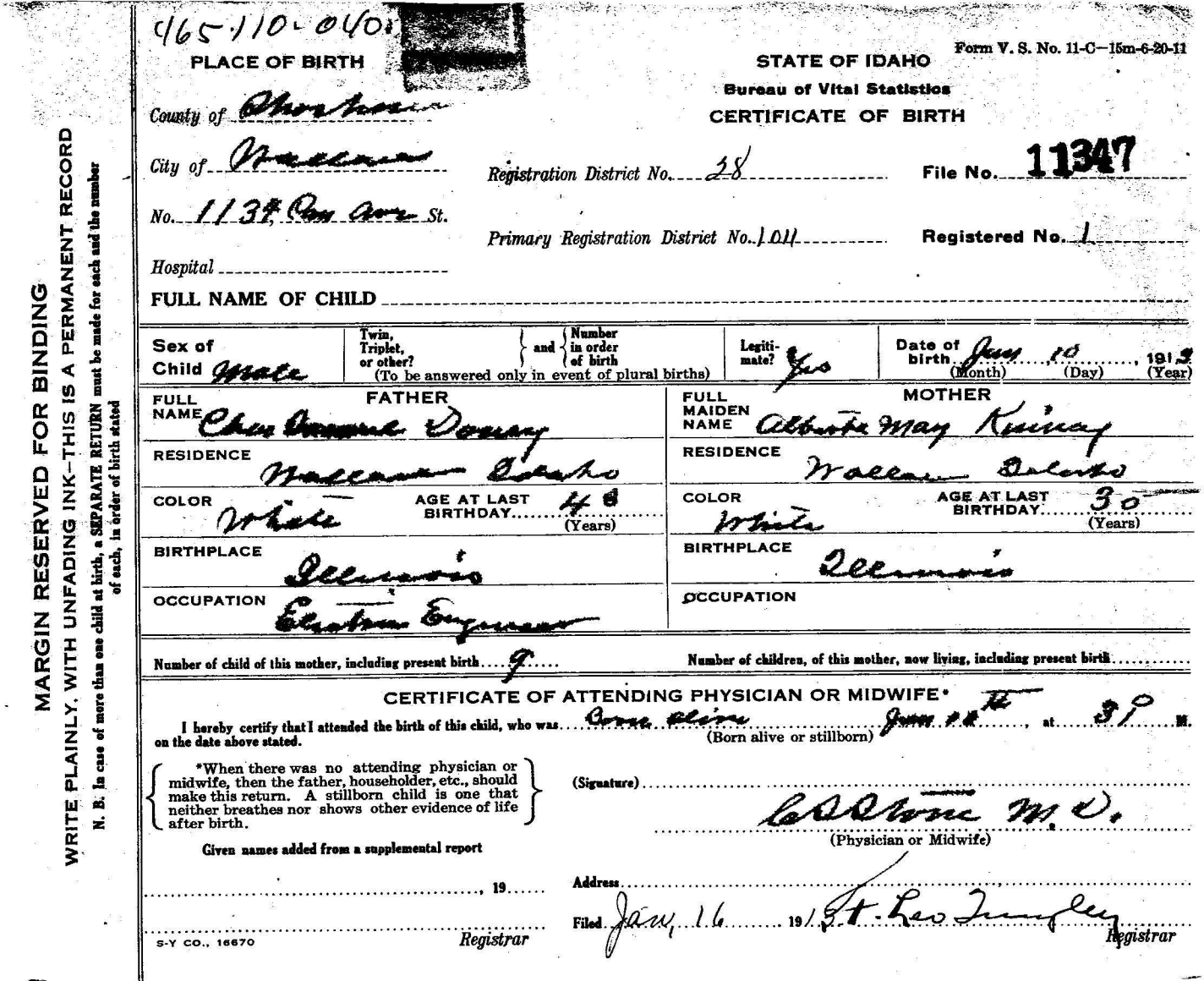
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



465-110-0401

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 38

File No. 11347

No. 1137 Cameron Ave St.

Primary Registration District No. 101

Registered No. 1

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 10, 1912

FATHER		MOTHER	
FULL NAME	Chas Augustus Downey	FULL MAIDEN NAME	Alberta May Kinney
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Electrical Engineer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) June 10 1912, at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Stone M. D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan. 16 1913 J. T. Leo Dempsey

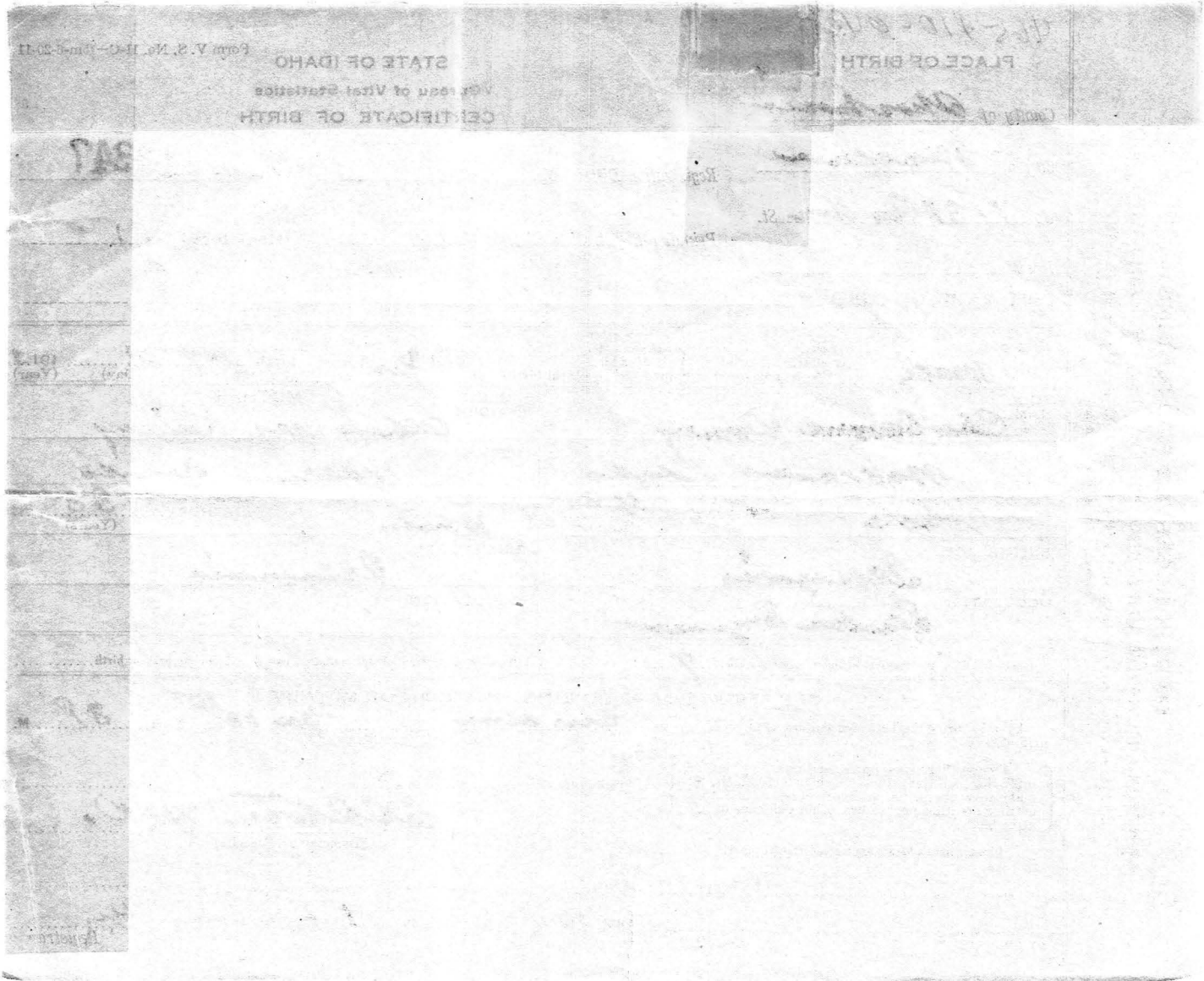
Registrar

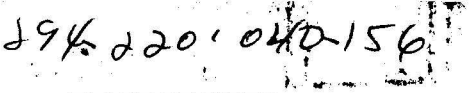
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated





PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital Providence

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 11348

Primary Registration District No. 104 Registered No. 6

FULL NAME OF CHILD Margaret Anna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F			Yes	Jan 20 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John McConaghy Simpson	Lennie Ellen Jeffries
RESIDENCE	Wallace	Wallace Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Mine Chemist	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. Leo Dunglay

(Physician or Midwife)

Address Wal

Given names added from a supplemental report

....., 19.....

Filed ..... 1913 F. Leo Dunglay

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 2 0 1973

354-226-040-968

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 11349

Primary Registration District No. 104 Registered No. 3

FULL NAME OF CHILD Dorothy Regina

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	one	3d	yes	Jan 26, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Lemacher	Emma Rohrer
RESIDENCE	Wallace Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	Switzerland	Wash.
OCCUPATION	Saloonkeeper	Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowry

Physicians (Physician or Midwife)

Address Wallace Ida

Filed Feb. 1, 1913 H. Leo Swanley Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-9-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

493 122 - 040 - 713

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ____ St.

Hospital Providence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 38

File No. 11350

Primary Registration District No. 101

Registered No. 4

FULL NAME OF CHILD Frederick Louis Benjamin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M	One	3d	yes	Jan 22 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Miller	Edith Gallup
RESIDENCE	Wallace, Ida	Wallace Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	27
BIRTHPLACE	Germany	Kansas
OCCUPATION	Sausage maker	Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 930 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.D. Mowery

Physician (Physician or Midwife)

Address Wallace Ida

Given name added from a supplemental report

..... 19.....

Registrar

Filed Feb 1, 1913 H. Lee Dunphy

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 4 1942

942-12-1040375

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28 File No. 11351

No. ____, ____ St.

Primary Registration District No. 101 Registered No. 3

Hospital ____

FULL NAME OF CHILD Carlton Sperry Russell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Daniel C. Russell	Martha Sperry
RESIDENCE	Wallace, Ida.	Wallace
COLOR / AGE AT LAST BIRTHDAY	White 32 (Years)	White 30 (Years)
BIRTHPLACE	Ill	Ill
OCCUPATION	Accountant	Home, wife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed Feb. 11 1913 F. Leo Dempsey

Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

863-120140-819

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 11352

No. ....., ... St.

Primary Registration District No. 101

Registered No. 2

Hospital .....

FULL NAME OF CHILD Wayne Adalbert Holmes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
M.	One	2d	Yes	January 20 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Frank Holmes	FULL MAIDEN NAME May Hart
RESIDENCE	Wallace, Ida	RESIDENCE Wallace, Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Wisconsin	Canada
OCCUPATION	Janitor	Housewife

Number of child of this mother, including present birth 2d

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) D. E. Mowery

Physician

(Physician or Midwife)

Address Wallace Ida

Filed Feb. 1, 1913 T. Leo Dunphy
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

965-231-042-749

PLACE OF BIRTH

County of Twin Falls [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Buhl

Registration District No. 2087 File No. 11353

No. St.

Primary Registration District No. 23 Registered No.

Hospital

FULL NAME OF CHILD THRESA MAY ROESSLER Theressa Roessler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	1 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A J. Roessler	Catern Gurnee
RESIDENCE	Buhl Idaho	Buhl Idaho
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Danville Mo	Kidder Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:05 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

E. McClusky M.D.
(Physician or midwife)

Given names added from a supplemental report

19

Buhl Idaho

2-6 1913 J. F. Buckley
Registrar

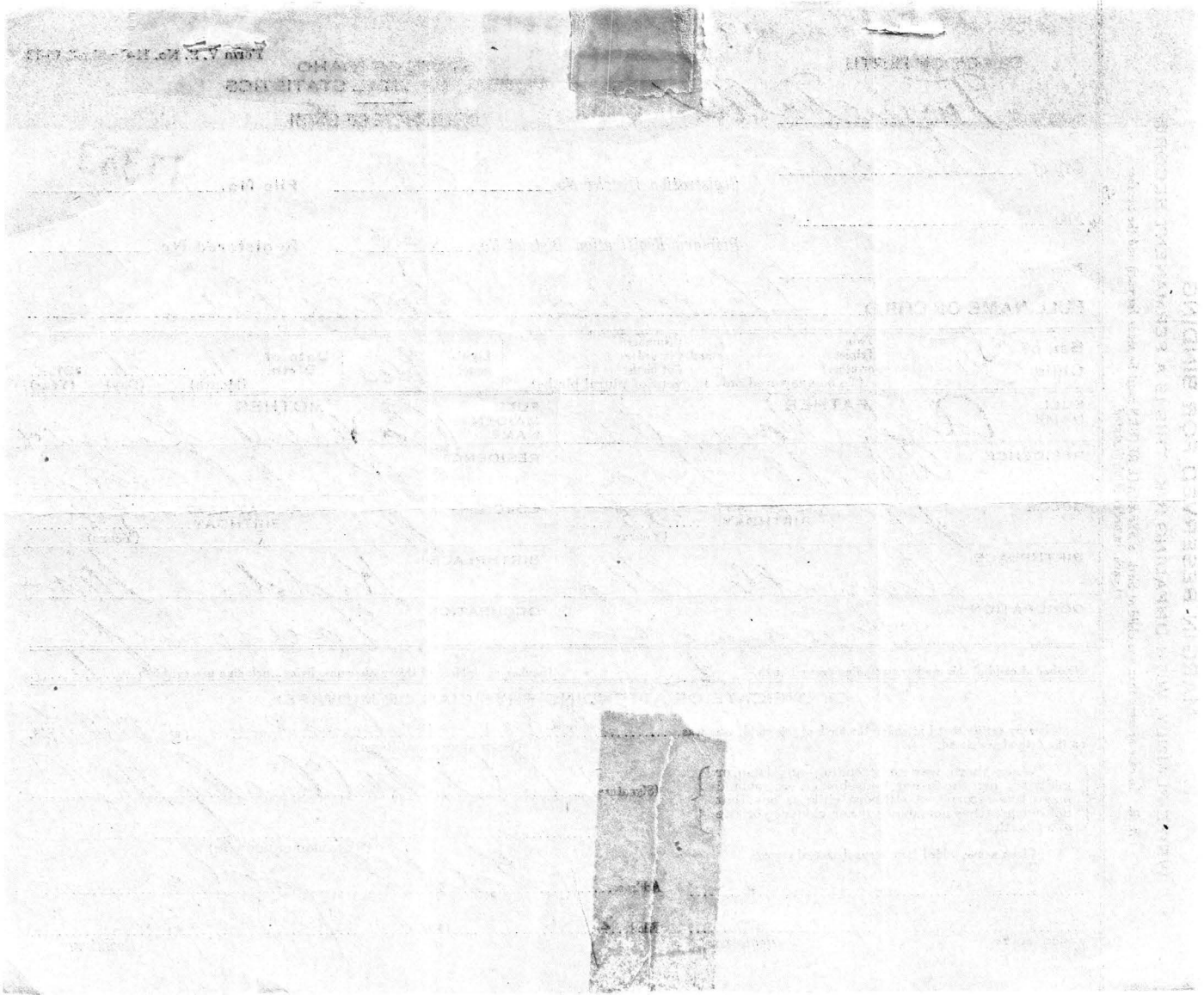
S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Colorado }
County of Montezuma } ss.

Certificate No. 11358

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Thresa May Roessler (Birth or Death) for (Name on Original Certificate) who Born (Was Born or Died) on January 31, 1913 (Date of Event) in Theressa May Roessler (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Theressa	Thresa May Roessler

Subscribed and sworn to before me this 12th day of June, 19 42

Roy Beers

Notary Public, residing at Mancos, Colorado.

My commission expires July 22, 1944

(Seal)

Signed Albert Roessler Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mancos, Colorado.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado }
County of Montezuma } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of June, 19 42

Roy Beers

Notary Public, residing at Mancos, Colorado.

My commission expires July 22, 1944.

(Seal)

Signed Lucy Roessler Step Mother
(Signature of Any Credible Person Other Than Previous Year)

Mancos, Colorado.
(Street Address, City, State)

JUN 18 1942

JUN 2 2 1942

493-113:442-493

PLACE OF BIRTH

Twin Falls

County of

City of IN. Buhl

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 11354

Primary Registration District No. 23 Registered No.

FULL NAME OF CHILD Jas. Elbert Dillon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Jan 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S.C. Dillon	Leu Ella Miller
RESIDENCE	Buhl	Same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	21	18
BIRTHPLACE	Kan.	Mo.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at I. ec A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Murphy M. D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 1-15 1913 J. W. Murphy
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. U-C-20m-6-18-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Twin Falls

County of

6 89-118104 2-864

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2087

File No. 11355

No. ____ St.

Primary Registration District No. 23

Registered No. ____

Hospital ____

FULL NAME OF CHILD Harold C White

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Jan 18 1913

	FATHER	MOTHER
FULL NAME	E. C. White	FULL MAIDEN NAME Armilda House
RESIDENCE	Buhl	Buhl
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	47	43
BIRTHPLACE	Kans.	Mo.
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) Chas. Wetherbee M.D.

(Physician or midwife)

Address Buhl Ida.

Filed 1-20 1913 J. S. Murphy Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

[illegible] names added from a supplemental report

..... 19.....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1951

APR 27 1951

FEB 28 1956

442-1171042-344

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

Registration District No. 2087. File No. 11356

No. ..... St.

Primary Registration District No. 23 Registered No. .....

Hospital .....

FULL NAME OF CHILD John Alvin Mussen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Jan 17 1913

FATHER		MOTHER	
FULL NAME	C. S. Mussen	FULL MAIDEN NAME	Emma A. Ludlow
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	AGE AT LAST BIRTHDAY (Years)	26
COLOR	white	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Kan.	BIRTHPLACE	Ind.
OCCUPATION	rancher	OCCUPATION	housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 1-20 1913 J. T. Murphy Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 16 1973

2/3.122.042.343

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Registration District No. 2086 File No. 11357

Primary Registration District No. 23 Registered No. .....

Hospital .....

FULL NAME OF CHILD Clarence Chas. Kalbfleisch

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Jan 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jacob Kalbfleisch	Laura Lueker
RESIDENCE	Filer	Filer
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Canada	Oregon
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 1-25 1913 J. T. Mumby

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1970

315-126-042-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 11358

Primary Registration District No. 2080

Registered No. .....

FULL NAME OF CHILD Lawrence Henry Lancaster

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X (To be answered only in event of plural births)		X	Yes.	Jan 16 1923

FATHER	MOTHER
FULL NAME George Henry Lancaster	FULL MAIDEN NAME Della Alice Goode
RESIDENCE Filer Idaho	RESIDENCE Filer Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Kansas City Missouri	BIRTHPLACE Florence Colorado
OCCUPATION Farming	OCCUPATION Farming

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 5-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician ~~or midwife~~)

Address Filer

Given names added from a supplemental report

..... 19.....

Filed Jan 7 19 23 A A Newberry

S-Y CO. 20174

Registrar

Registrar

JAN 1 5 1975

844-223-042-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23

File No. 11359

No. ____ St.

Primary Registration District No. 2056

Registered No. ____

Hospital ____

FULL NAME OF CHILD Rona Marie Humphrey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Jan 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy Humphrey	Ethel Cayis
RESIDENCE	Filer Idaho	Filer Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Mound Ill	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or midwife)

Address Filer

Given names added from a supplemental report

....19....

....
Registrar

Filed 1-30 19 13 A. A. Newberry
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Jan-9-10-32

MAY 8 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

345-21W-040-415

[redacted] OF [redacted]
BUREAU OF VITAL [redacted]

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer — Registration District No. 23 — File No. 11360

No. ____ St. — Primary Registration District No. 2036 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Wilma Lennie Lincoln

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Jan 16 1913

	FATHER	MOTHER
FULL NAME	Wm Lincoln	FULL MAIDEN NAME Lennie Davis
RESIDENCE	Filer Ida	RESIDENCE Filer Ida
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years) 27
BIRTHPLACE	Neufer Ida	BIRTHPLACE Neufer Ida
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) on the date above stated. at 7:45 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A. A. Newberry

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 1-25 1913 A A Newberry Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

4/13-209-042-215

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 11362

Primary Registration District No. 2056

Registered No. ____

FULL NAME OF CHILD Dale EDITH ALICE DALE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.			Yes.	Jan 9 1913

FATHER		MOTHER	
FULL NAME	Alvert L Dale	FULL MAIDEN NAME	Dosia Jackson
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Kansas	BIRTHPLACE	Arkansas
OCCUPATION	Housewife	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 4:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician ~~or midwife~~)

Address ____

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 1-10 19 13 A. A. Newberry
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 24 1952

NOV 17 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

264107-042-7432

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 11363

Primary Registration District No. 7086

Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy			Yes.	Jan 7 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Emil Emmerson	FULL MAIDEN NAME	Bertha M Brady
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Charles City Ia	BIRTHPLACE	Mason Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at ____ M. on the date above stated.

(Signature) E M Emmerson - Father

(Physician or midwife)

Address Filer Ida

Filed 1/28 19 32 U. A. Newberry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

· Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

867.202 (042-253

PLACE OF BIRTH

Form V. S. No. 12-C—Rev. 9-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No 23

File No 11364

No ____, ____ St.

Primary Registration District No 2086

Registered No. ____

Hospital ____

FULL NAME OF CHILD Rachel Hopple

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 2, 1913

FATHER		MOTHER	
FULL NAME	William Hopple	FULL MAIDEN NAME	Cora May Beaty
RESIDENCE	Filer Idaho	RESIDENCE	Filer Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Summit Co Colorado
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) January 2 1913, at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. Starnes

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Filer Idaho

Filed 1-6 19 13 John H. Coughlin

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-41

FEB 21 1942

792-217-042-249

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of "

No. ____ St.

Hospital ____

Registration District No. 23 File No. 11365

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Mary Adeline Gibson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 17 1913

FATHER		MOTHER	
FULL NAME	Fred H. Gibson	FULL MAIDEN NAME	Eva K. Smith
RESIDENCE	Twin Falls —	RESIDENCE	Twin Falls.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2.30 am M, on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M D

Physician (Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report

....., 19....

.....
Registrar

Filed 1-20 1913 John H. Coughlan
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF CALIFORNIA

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form No. B.V.S. 21—10m-6-15-18

PLACE OF BIRTH

County of .....

City of .....

No. .....

Hospital .....

FULL NAME

Sex of Child

FULL NAME

RESIDENCE

COLOR

BIRTHPLACE

OCCUPATION

Number of child of

I hereby certify

on the date above

Given name

19

294-12910 62-813

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Registration District No. 23 File No. 11366

Primary Registration District No. 2085 Registered No. .....

Hospital .....

FULL NAME OF CHILD Lloyd Wayne Krueger

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	yes	June 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry C Krueger	Elsie Halsey
RESIDENCE	Twin Falls	Twin Falls
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	17
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.O. Boyd M.D. (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-10 19 13 John H Coughlan Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

619-22 8-1042-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 23

File No. 11367

Primary Registration District No. 2085

Registered No. .....

FULL NAME OF CHILD Dorothy Jeanette Warner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F		2	Yes	Jan 28 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Loran A Warner	FULL MAIDEN NAME	Ethel L Manker
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Boyd M.D. (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-8 19 13 John H. Coughlan Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 26 1967

DECEASED

6-14-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 20 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 11367

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Warner (Name on Original Certificate) who was born (Was Born or Died) on Jan 28,1913 (Date of Event)

in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Omitted	Dorothy Jeanette Warner

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 19 67

Margaret Wood

Notary Public, residing at Twin Falls, Idaho
My commission expires June 14, 1968
(Seal)

Signed Hans B. Hansen
(Signature of Any Credible Person)

Box 7, Twin Falls, Idaho
(Street Address, City, State)

FORM DH 60-155

Own childs birth certificate lists name of mother as Dorothy Jeanette Warner. Child born Sept. 3, 1939, Certificate # 285242. Viewed by V.S.

JUL 14 1967

Lewiston State Normal School, Lewiston, Idaho, Diploma, dated May 28, 1934 gives full name as Dorothy Jeanette Warner - viewed by V.S.

155-201-042-285

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of

No. 127 9th ave. E. St.

Hospital

Registration District No. 23

Primary Registration District No. 2085

File No. 11368

Registered No.

FULL NAME OF CHILD Marcia Jennison

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Jan 1 1913

FATHER		MOTHER	
FULL NAME	Morton E. Jennison	FULL MAIDEN NAME	Alice Sheldon
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Lumber dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2:15 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-8 1913

..... Registrar

S-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

(County of .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11—Rev.-2-46-3

597-13-02-665

PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-25-41

City of " "

Registration District No. 23

File No. 11369

No. 322, 3rd Ave. W. St.

Primary Registration District No. 2085

Registered No.

Hospital

FULL NAME OF CHILD George William Nipper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Jan 13, 1913

FATHER		MOTHER	
FULL NAME	Jess Nipper	FULL MAIDEN NAME	Pearl Rumsey
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Idaho
OCCUPATION	Steam fitter	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 P M. on the date above stated.

(Born alive, ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles K. Scott

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Address Twin Falls

Filed 1-16 19 18 John L. Creighton

Registrar

S-Y CO., 16670

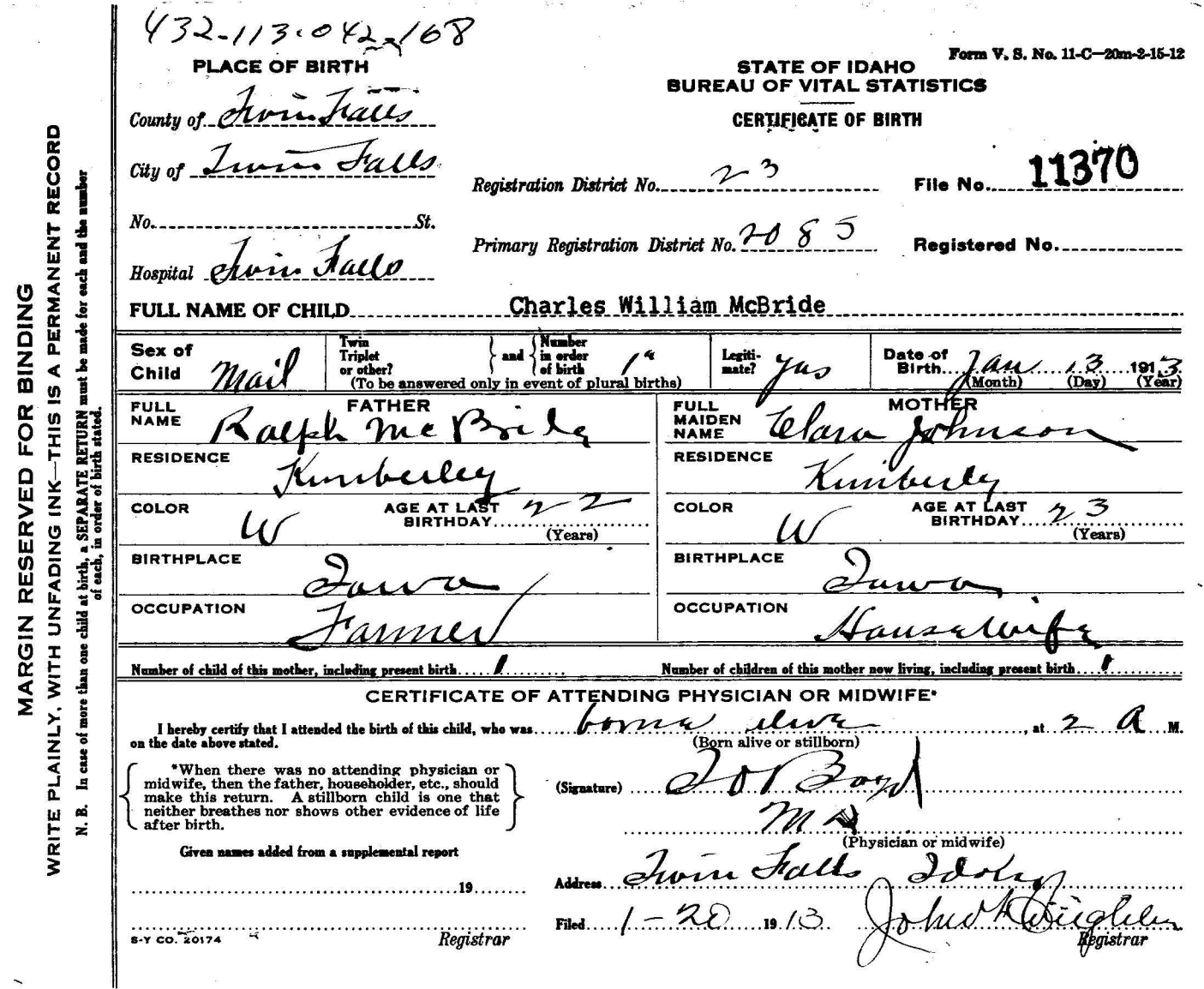
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD



432-113-042-168

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____ St.

Hospital Twin Falls

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11370

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Charles William McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Mail		1st	yes	Jan. 13 1913

FATHER		MOTHER	
FULL NAME	Ralph McBride	FULL MAIDEN NAME	Clara Johnson
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Boyd M.D. (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-20 19 13 John A. Eigler Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 13 2 34 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif. } ss.
County of San Joaquin }

Certificate No. 11370

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed McBride (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 13, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Charles William McBride

Subscribed and sworn to before me this 8th day of November, 1974

RACHEL RANDOLPH
Notary Public, Residing Cal.
My commission expires June 12, 1978
My Commission expires June 12, 1978
(Seal)

Signed Anna B. McBride
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

925 S. Netherton Ave. Stockton, Ca.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. } ss.
County of San Joaquin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of November, 1974

RACHEL RANDOLPH
Notary Public, Cal.
Notary Public residing at San Joaquin County
My commission expires June 12, 1978
(Seal)

Signed
(Signature of Any Credible Person)

327 E. Grant, Stockton, Ca. 95202
(Street Address, City, State)

FORM DH 60-155

CL 10/31/74

Honorable Discharge from Army gives name as Charles W. McBride born Jan. 13, 1913 discharged Dec. 8, 1945. viewed by V. S.

Family Bible record gives name as Charles William McBride born Jan. 13,1913. viewed by V. S.

NOV 1 8 1974

635-09-042-349

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-40-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11371

Primary Registration District No. 2084 Registered No. ____

FULL NAME OF CHILD Elizabeth Louise Fletcher

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		1	yes	Jan 9, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harlen Mark Fletcher	Minnie Turner
RESIDENCE	Kimberly	Kimberly
COLOR / AGE AT LAST BIRTHDAY	White / 27 (Years)	White / 24 (Years)
BIRTHPLACE	Ill	Missouri
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) Jan 9, at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~Midwife~~)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 1-19-1913 John L. Douglas

Registrar

S-Y CO., 16670

Registrar

Form V.S. No. 10-6 Rev. 11-47

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

295-116-042-542

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

Registration District No. 23

Primary Registration District No. 2084

File No. 11372

Registered No. .....

FULL NAME OF CHILD Brewer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Jan 16 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George A. Brewer	FULL MAIDEN NAME	Florence Eubanks
RESIDENCE	Kimberly, Idaho	RESIDENCE	Kimberly, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Nebraska	COLOR	White
OCCUPATION	Barber	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Missouri
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson M.D

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-24 19 13

Registrar

S-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

24-230 Rev. 04-13-53

FORM OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 23

File No. 11373

No. ____, ____ St.

Primary Registration District No. 2084

Registered No. ____

Hospital ____

FULL NAME OF CHILD Emma Augusta Krueger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		1	Yes	Jan 8, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August Krueger	Tama Weckerx
RESIDENCE	Kimberly	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY	27 (Years)	23 (Years)
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

* (Signature) J. R. Morgan

(Physician or ~~Midwife~~)

Address Twin Falls

Filed 1-16 1913 John W. Coughlin Registrar

S-Y CO., 16670

DEC 2 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
DEC 5 2 17 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 11373

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Krueger (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 8, 1913 (Date of Event)
in Kimberly, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Emma Augusta Krueger

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of
December, 1974

Edythe Williams
Notary Public, residing at Kimberly, Idaho
My commission expires Sept. 1977
(Seal)

Signed Emma Krueger
(Signature of Any Credible Person)

Kimberly Route 1
(Street Address, City, State)

FORM DH 60-155 CL 11/27/74

Census record from 1920, taken Jan. 1, 1920 gives name as Emma Krueger daughter of August and Laura Krueger. viewed by V. S.

DEC 16 1974

Church record gives name as Emma Augusta Krueger childl of Mr. August Hy Krueger and Laura Weckert. born Jan. 8, 1913 at Kimberly, Idaho. Baptized May 29, 1919. viewed by V. S.

359-109-042-849

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11374

Primary Registration District No. 2084 Registered No. ____

FULL NAME OF CHILD Sherwin Hurd Terry

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	✓ (To be answered only in event of plural births)	3	Yes	Jan. 9 1913

	FATHER	MOTHER
FULL NAME	Dwight Warren Terry	FULL MAIDEN NAME Maude Hurd
RESIDENCE	Kimberly Idaho	RESIDENCE Kimberly Idaho
COLOR	White	COLOR
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Colorado	Nebraska
OCCUPATION	Engineer	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 3a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Hyde

(Physician or Midwife)

Address Kimberly Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 1-15 19 13 John H. Douglass
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 3 1972

455-111-042-548

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 11375

Primary Registration District No. 2084 Registered No. .....

FULL NAME OF CHILD John Lyle Deeds

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	3	Yes	Jan. 11 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John La Deeds	Bertha Cutrell
RESIDENCE	Kimberly	Kimberly
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Farmer	At Wife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John L. Whyte

(Physician ~~or midwife~~)

Address Kimberly, Idaho

Given names added from a supplemental report

..... 19.....

Filed 1-15 19 13 John H. Douglass Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 2 1975

165-10-042-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Forest

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 11378

Primary Registration District No. 2127 Registered No. 2

FULL NAME OF CHILD Edward Earl Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 1, 1913

FATHER		MOTHER	
FULL NAME	Ralph S. Jones	FULL MAIDEN NAME	Gula A. Holt
RESIDENCE	Forest Ida	RESIDENCE	Forest Ida
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	miss	BIRTHPLACE	Penn
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3-45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parnell

Physician

(Physician or Midwife)

Address Id., Idaho.

Given names added from a supplemental report

....., 19.....

Filed 2-4-1913 Edlow B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 1 0 1974

268-201-042-495

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C-Idaho-6-1-13

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Flo

No. ....., ... St.

Hospital .....

Registration District No. 92 File No. 11379

Primary Registration District No. 2127 Registered No. 3

FULL NAME OF CHILD Dorothy anna Solum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 1, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earnest F Solum	anna Marie Dietrich
RESIDENCE	Flo, Idaho.	Flo. Idaho.
COLOR	white	white
AGE AT LAST BIRTHDAY	38 (Years)	26 (Years)
BIRTHPLACE	Minn	Russia
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parriah

Physician (Physician or Midwife)

Address Flo, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 2-4-1913 Ellen B. Rogers

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

K

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

215 206 031-632

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-1-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vollmer

No ____, ____ St.

Registration District No 32 File No. 11380

Primary Registration District No. 2127 Registered No. 4

Hospital ____

FULL NAME OF CHILD ~~Not named~~ Helen Wilma

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female	and Number in order of birth	Yes	1 6 1913

FATHER	MOTHER
FULL NAME: Charles Sanford	FULL MAIDEN NAME: Ella Olson
RESIDENCE: Vollmer, Ida.	RESIDENCE: Vollmer, Ida.
COLOR: white AGE AT LAST BIRTHDAY: 40 (Years)	COLOR: white AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Iowa.	BIRTHPLACE: S. Dak.
OCCUPATION: Clerk in store	OCCUPATION: Housewife.

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burke, M.D.

(Physician or ~~Midwife~~)

Address Vollmer, Ida.

Given names added from a supplemental report

....., 19.....

Filed 1-10-1913 Elton B. Rogers
Registrar

.....
Registrar

AS - YORK CO., PTRS. & BDRS 17326

PLACE OF BIRTH

SEP 24 1974

319-109-031-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Ilo

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No. 11381

Primary Registration District No. 2127 Registered No. 5

FULL NAME OF CHILD Ronald Andrew Carbery

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mathew A Carbery Jr	Regina A Paulson
RESIDENCE	Ilo Idaho	Ilo Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	22
BIRTHPLACE	California	Minn
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) H C Parrish

Physician
(Physician or Midwife)

Address Ilo Idaho

Filed 2-4-1913 Elbert B. Rogers
Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

FEB 6 1974

219-012-031-315

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 11382

Primary Registration District No. 2127 Registered No. 6

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	1-12-1913

FATHER	MOTHER
FULL NAME: Jno. J. Bair	FULL MAIDEN NAME: Blanche Lowe
RESIDENCE: Winchester	RESIDENCE: Winchester
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Kentucky	BIRTHPLACE: Mo
OCCUPATION: Teamster	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

..... 19.....

Filed 1-14 1913 Elton B. Rogers Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

95-K-15-03-335

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 11383

No. ____ St.

Primary Registration District No. 2127 Registered No. 7

Hospital ____

FULL NAME OF CHILD Marjorie Harriett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Jan 15 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John H. Redmond	FULL MAIDEN NAME	Eva Cleeley
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton A. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

....., 19.....

Filed 1-15- 1913 Elton A. Rogers Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 20 1974

SEP 18 1974

MAY 29 1942

763-117-031-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No. ____ St.

Hospital ____

Registration District No. 32 File No. 11384

Primary Registration District No. 2127 Registered No. 8

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	1-17-1913

FATHER		MOTHER	
FULL NAME	F. L. Cole	FULL MAIDEN NAME	Belle Miller
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward P. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

..... Registrar

Filed 1-17-1913 Edward P. Rogers Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

653.118.031-695

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Forest

No. ____ St.

Hospital ____

Registration District No. 32 File No. 11385

Primary Registration District No. 2127 Registered No. 9

FULL NAME OF CHILD Harold Weller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1-15-13

FATHER		MOTHER	
FULL NAME	Harry E. Weller	FULL MAIDEN NAME	Theodosia Freeburn
RESIDENCE	Forest, Idaho	RESIDENCE	Forest, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	Wash.
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester

Filed 1-19-1913 Elton B. Rogers Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 - 1949

295-185-031-419

PLACE OF BIRTH

County of Lewis

City of Reubens

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 11386

Primary Registration District No. 2127 Registered No. 10

FULL NAME OF CHILD Frederick Roger Kreisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1-25-1913

FATHER		MOTHER	
FULL NAME	George Kreisher	FULL MAIDEN NAME	Nora Martin
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester

Filed 1-26-1913 Elton B. Rogers Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 20 1945

814-12 8 001-217

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] OF IDAHO
BU[redacted]TAL STATISTICS
C[redacted]TE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 11387

No. _____ St.

Primary Registration District No. _____ Registered No. _____

Hospital St. Alphonsus

FULL NAME OF CHILD Hamby

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	1 28 1913

FATHER	MOTHER
FULL NAME: Geo. B. Hamby	FULL MAIDEN NAME: Levina Saxton
RESIDENCE: 1512 North 6th	RESIDENCE: 151[illegible] N. 6th
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 40 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Missouri
OCCUPATION: Detective	OCCUPATION: Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tuseng Dr

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 2/3 1913 C. S. McConnell Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H-C- 20m-2-16-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

City of Boise

Registration District No. _____ File No. 11397

RECORD

Stamps

632-220-004367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2912, Bannock *St.*

Hospital _____

Registration District No. _____ **File No.** 11389

Primary Registration District No. _____ **Registered No.** 27

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	1-20-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Norman Olson	Ora M. Cox
RESIDENCE	2912 Bannock	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

C. M. Conrad
Registrar

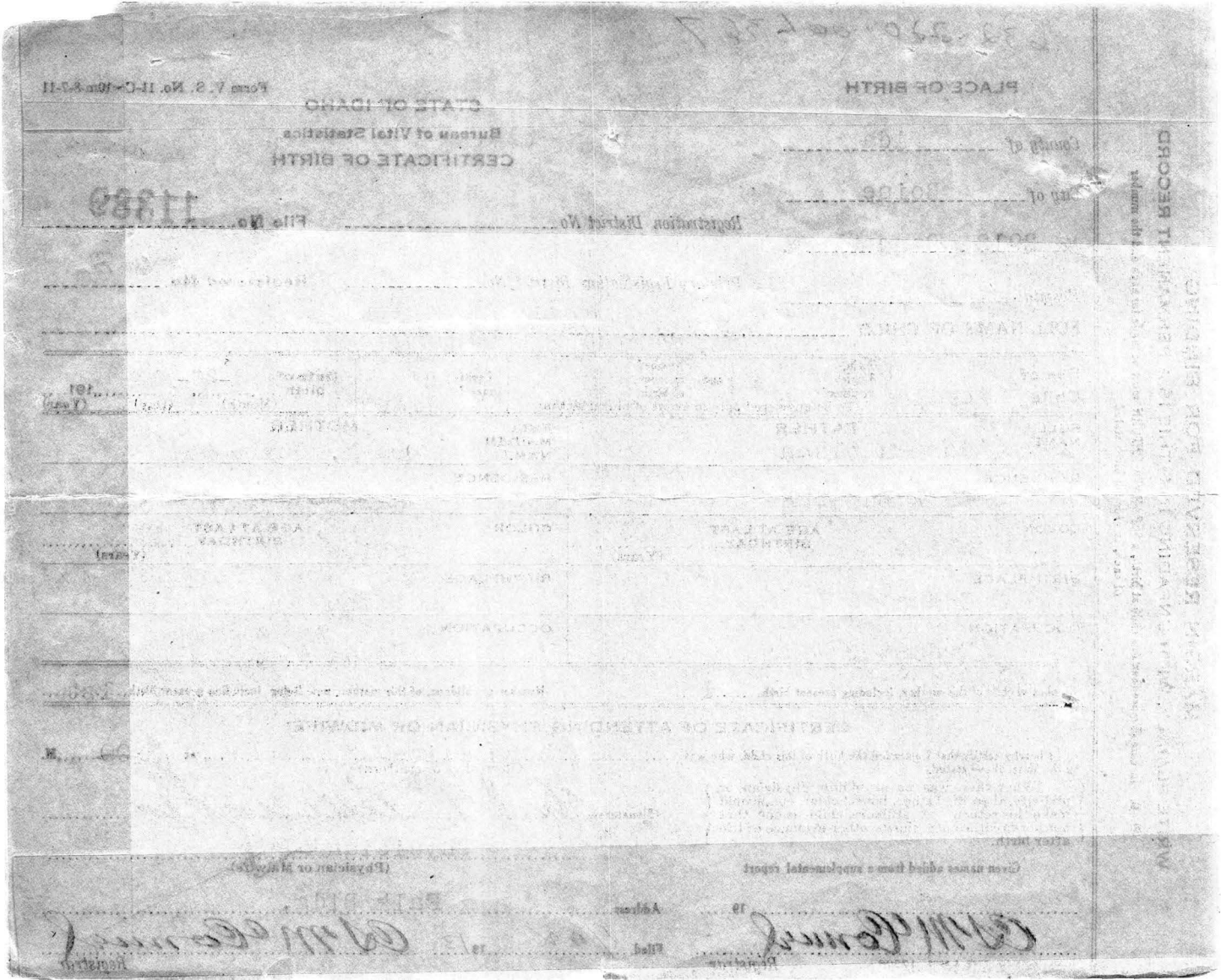
(Signature) Fred. A. Tillery M.D.

Physician
(Physician or Midwife)

Address Falk Bldg.

Filed 1/22 1913 C. M. Conrad
Registrar

SYMS - YORK CO., PTRS. & ENGS. 17326



266-226-001-713

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11390

County of Ada

City of Boise

Registration District No. _____ File No. 26

No. 1200, 20 St.

Primary Registration District No. _____ Registered No. 26

Hospital _____

FULL NAME OF CHILD Jewell Bower

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl			yes	Jan. 26, 1913

FATHER	MOTHER
FULL NAME John a Bowen	FULL MAIDEN NAME Nora Lwona Gathin
RESIDENCE 1200, N. 20th St	RESIDENCE 1200, N. 20th St
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE Nevada, Iowa	BIRTHPLACE
OCCUPATION Engine Hostler	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1-35 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. S. Gregory M.D.

(Physician or Midwife)

Address 204 Sonna Block

Given names added from a supplemental report

1-28 19....

Filed 1-28 19.13 C. S. McConnell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 14 1944

291-21-6001-412

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ____ File No. 25 11881

No. 813 Broadback St.

Primary Registration District No. ____ Registered No. 25

Hospital ____

FULL NAME OF CHILD Margaret Bragelow

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	1 17 1913

FATHER		MOTHER	
FULL NAME	Arthur Bragelow	FULL MAIDEN NAME	Anna Mason
RESIDENCE	813 Broadback	RESIDENCE	813 Broadback
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Motorman	OCCUPATION	At Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at ____ M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Lincoln Allen

(Physician or Midwife)

Address 301-3 McCarty Building

Given names added from a supplemental report

1 - 28, 19....

Filed 1 - 28 19 13 C. L. McConnell
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

395-22-001-953

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 2912 N. 21st St.

Registration District No _____ File No 11392

Primary Registration District No _____ Registered No 24

Hospital _____

FULL NAME OF CHILD Jeanette Trenner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan. 21, 1913

FATHER	MOTHER
FULL NAME: Willis H. Trenner	FULL MAIDEN NAME: Elizabeth Records
RESIDENCE: 2912-N. 21st	RESIDENCE: 2912 N. 21sr
COLOR: White	AGE AT LAST BIRTHDAY (Years): 33
COLOR: White	AGE AT LAST BIRTHDAY (Years): 32
BIRTHPLACE: Washington	BIRTHPLACE: Maine
OCCUPATION: Electrical Engineer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettingill

Talk Blk. J

(Physician or Midwife)

Given names added from a supplemental report

1 — 24, 19____

Address _____

Filed 1 — 24 19 13 W. M. McConnel

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

City of

RECORD

618-211-001-275

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 505 Bannock

Hospital

Registration District No.

File No. 11394

Primary Registration District No.

Registered No. 20

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	single	6	yes	Jan 11 1913

FATHER		MOTHER	
FULL NAME	John Waymire	FULL MAIDEN NAME	Mary Speed
RESIDENCE	505 Bannock	RESIDENCE	505 Bannock
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	67 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Stage driver	OCCUPATION	Housework

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan 11, at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O H Parker

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed 1-18 19 13 Les M C Connell

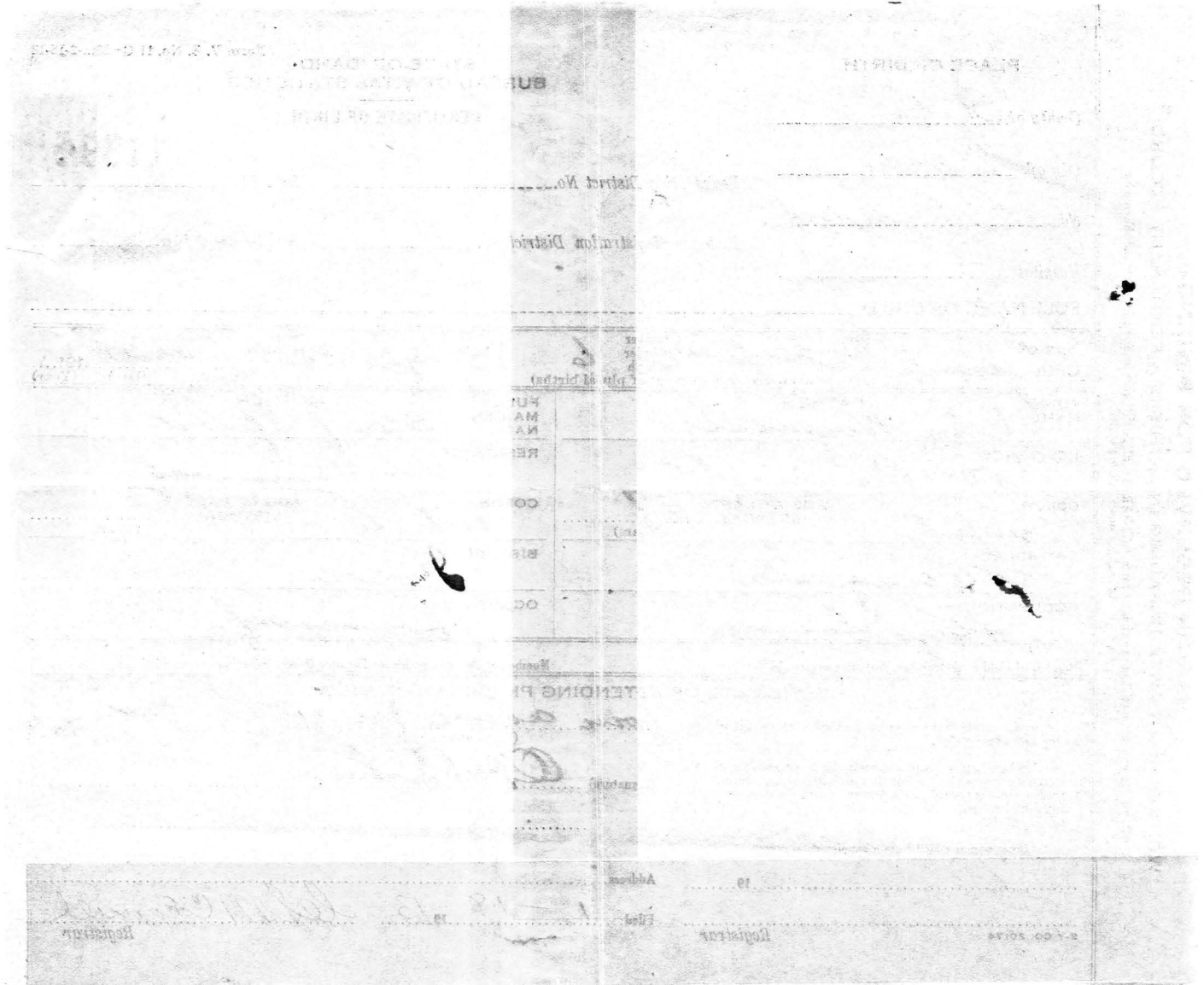
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



291-214.001-437

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1512 N. 5th St.

Hospital

Registration District No. _____ File No. 11395

Primary Registration District No. _____ Registered No. 19

FULL NAME OF CHILD Vera Brashears

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	1-14-13

FATHER		MOTHER	
FULL NAME	Fred W. Brashears	FULL MAIDEN NAME	Flora McGrath
RESIDENCE	1512 N. 5th	RESIDENCE	1512 N. 5th.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Arkansas	BIRTHPLACE	Kansas
OCCUPATION	Lab	OCCUPATION	Wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at _____ M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. M. H. Tallman

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address _____

Filed 1 — 20 19 13

_____ Registrar

S-Y CO. 20174

C. M. Connell
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1970

491-215-001-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. File No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11398

Registration District No. ____ File No. 16

Primary Registration District No. ____ Registered No. 16

FULL NAME OF CHILD Ruby Bell Dragoo

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			L	Jan 15th, 1913

FATHER		MOTHER	
FULL NAME	Elsie Dragoo	FULL MAIDEN NAME	Karen Jensen
RESIDENCE	1708 N. 14th	RESIDENCE	1708 N 14th
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 2a.m. on the date above stated.

(Signature) John Burk

(Physician or ~~Midwife~~)

Address Boise Ida

Filed 1-20 1913 W S McConnell

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16870

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 11396

Date Filed Jan. 20, 1913

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Ruby Bell Dragoo (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on 11 Jan 15, 1913 (DATE OF EVENT)
in ____ (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ____ (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ____ (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	unnamed	Ruby Bell Dragoo
Father's name	Drago	Dragoo

Subscribed and sworn to before me this 11th day of January, 1913

Notary Public, residing at Boise

My commission expires 12/7/17
(SEAL)

E Dragoo

Signed ____
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

____
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19 ____

Notary Public, residing at ____

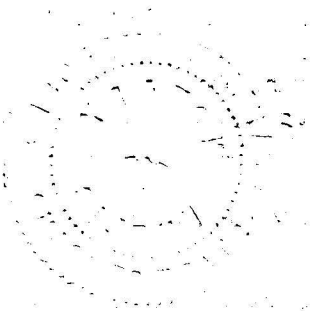
My commission expires ____
(SEAL)

Signed ____
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

____
(STREET ADDRESS, CITY, STATE)

Received for filing on ____ By ____
(REGISTRAR'S SIGNATURE)

JAN 11 1943



3/2-210-00-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11397

County of Ada

City of Boise

No 719 E. State St.

Hospital

Registration District No

File No. 12

Primary Registration District No.

Registered No. 12

FULL NAME OF CHILD Cates, Mildred Beverly

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	1 10 ,191 3

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Cates	Victoria Brosa
RESIDENCE	719 E. State	same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Mo.	Mo
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred. A. Pettengill

Physician (Physician or Midwife)

Address Falk Bldg.

Given names added from a supplemental report

1-11, 192

Filed 1-11 1923

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 11397

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Rose Javen	Mildred Beverly Cates

Subscribed and sworn to before me this 25 day of Sept., 1943

Notary Public, residing at Boise, Ida.

My commission expires 1/24/47

(SEAL)

Signed x Victoria Cates

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....

day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed Victoria Cates

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....

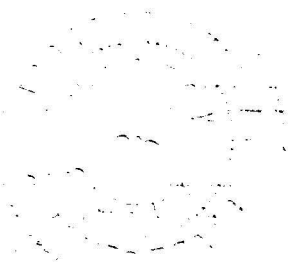
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

JUL 2 6 1974

FEB 2 5 1943



751-201-002-960

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

11399

County of Ada

City of Boise

Registration District No.

File No.

No. 2014 N. 9th St.

Primary Registration District No.

Registered No. 5

Hospital St Luke's

FULL NAME OF CHILD Virginia Ray Pearson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	1 / 1 / 1913

FATHER		MOTHER	
FULL NAME	Bert Lee Pearson	FULL MAIDEN NAME	Virginia M. Robinson
RESIDENCE	2014 N. 9th	RESIDENCE	2014 N. 9th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Iowa
OCCUPATION	Traveling Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James S. Stewart M.D.

(Physician or Midwife)

Address

Given name added from a supplemental report

1 - 2 19 13

Filed 1 - 2 19 13 C. S. McConnell
Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 4 1942

597-105-001-497

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-26-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ..... File No. 11402

No. 1708 N. 21st St.

Primary Registration District No. ..... Registered No. 27

Hospital .....

FULL NAME OF CHILD Arthur Frank Nixon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male		1	yes	Jan. 5th (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Fred Brown Nixon	FULL MAIDEN NAME E. C. Dixon
RESIDENCE 1708 N. 21st St.	RESIDENCE 1708 N. 21st St.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Nebr.
OCCUPATION School Teacher	OCCUPATION Housewife.

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. S. Springer

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 1/10 19 13 C. S. McConnell

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. U-C—15m-6-80-11

PLACE OF BIRTH

County of

Registration District No.

CHILD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

546-105.001-497

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1708 N. 21st St.

Hospital

Registration District No.

File No. 11403

Primary Registration District No.

Registered No. 28

FULL NAME OF CHILD Arnold Edward Nixon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5th	yes	Jan 5, 1913

FATHER	MOTHER
FULL NAME Fred Brown Nixon	FULL MAIDEN NAME E.C. Dixon
RESIDENCE 1708 N 21st St	RESIDENCE 1708 N-21st
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Nebr
OCCUPATION School Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Sprenger M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 1/10/ 19 13 Lee M. Cousel

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C-10m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

132-122-001-859

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 11404

County of Ada

City of Boise

No ____, ____ St.

Registration District No. ____ File No. 22

Hospital St. Alphonsus

Primary Registration District No. ____ Registered No. 22

FULL NAME OF CHILD Henry Melville Atkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan. 22 1913

FATHER	MOTHER
FULL NAME: Sheridan K. Atkinson	FULL MAIDEN NAME: Stella Herfurth
RESIDENCE: 2414 Ada Street	RESIDENCE: 2414 Ada Street
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Missouri
OCCUPATION: Electrical Engineer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Titeng Co.

Falk Bldg

(Physician or Midwife)

Given names added from a supplemental report

1 — 24, 19....

Address ____

Filed 1 — 24 19 3 C. S. McConnell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

SEP 25 1945

577-1141001253

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-60m-8-30-38

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1411 Rivers St.

Registration District No. _____ File No. 11405

Primary Registration District No. _____ Registered No. 18

Hospital _____

FULL NAME OF CHILD Thomas Marion Epperson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Sing	1	yes	Jan 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas H Epperson	Ruth Sells
RESIDENCE	1411 River St	1411 River St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	20
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Barber	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Jan 14 at 3:30 P M. on the date above stated.

(Signature) O H Parker

(Physician or midwife)

Address Sonna Bldg

Filed 1-18 1913 Les M McConnell Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

845-110-001-331

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 307, So. 5th St.

Hospital

Registration District No.

File No. 11410

Primary Registration District No.

Registered No. 11

FULL NAME OF CHILD Jack Jesse Hunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	1 - 10 1913

FATHER	MOTHER
FULL NAME: Jack Jesse Hunter	FULL MAIDEN NAME: Harriett M. Clark
RESIDENCE: Boise Barracks	RESIDENCE: 307 So. 5th
COLOR: White	COLOR: white
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 17 (Years)
BIRTHPLACE: Ill.	BIRTHPLACE: Ill.
OCCUPATION: Soldier	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

(Physician or Midwife)

Address Falk Bldg.

Given names added from a supplemental report

1 — 11, 19

Filed 1 — 11 19 13 E. McConnel

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 4 1972

25-105-001-864

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11411

County of Ada

City of Boise

No. Cor 9th & Franklin St.

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 9

Hospital _____

FULL NAME OF CHILD Herbert John Kneer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 5 1913

FATHER	MOTHER
FULL NAME: Harry John Kneer	FULL MAIDEN NAME: Erna Youngblood
RESIDENCE: N.W. Cor 9th & Franklin	RESIDENCE: N.W. Cor 9th & Franklin
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: New Jersey	BIRTHPLACE: St Louis Mo.
OCCUPATION: Engineer	OCCUPATION: Housewife

Number of children of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4-45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

1-7, 1913

(Signature) L. H. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St.

Filed 1-7 1913 Chas McConnell

Registrar

Registrar

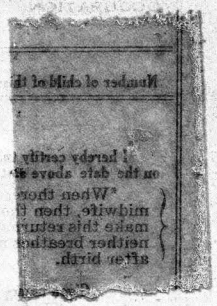
SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 27 1942



133-107036-689

CE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Oneida

City of Crystal

Registration District No. 18

File No. 11416

No. ____, ____ St.

Primary Registration District No. 7072

Registered No. 49

Hospital ____

FULL NAME OF CHILD Clifton Lowell Ellsworth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male		2	Yes	Jan. (Month) 7 (Day) 1913 (Year)

FATHER

FULL NAME Lowell Ellsworth

RESIDENCE Crystal, Idaho

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ella Shilling

RESIDENCE Crystal, Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on stillborn at 3 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) J. McLaughlin

Physician

(Physician or Midwife)

Address Pocatello Idaho

Filed Jan 10 19 13 D. C. Ray

Registrar

____; 19____

____

Registrar

S-V CO., 15670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

Form V.S. No. 11-0-

(City of

No. St.

Registration District No.

File No.

RECORD

813.119.036414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Whitney

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 11418

Primary Registration District No. 219 Registered No. 51

FULL NAME OF CHILD Harold Maughan Hull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			yes	Jan 19 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Alvin Hull	FULL MAIDEN NAME	Ella Maughan
RESIDENCE	Whitney, Ida	RESIDENCE	Whitney, Ida
COLOR	wh.	COLOR	wh.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Whitney, Ida	BIRTHPLACE	Logan, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. m. on the date above stated.

(Signature) G. O. Emery, M.D.

(Physician or Midwife)

Address Preston, Ida

Filed Feb 1 19 13

G. O. Emery Registrar

D. C. Ray Registrar

Feb 10-1913

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

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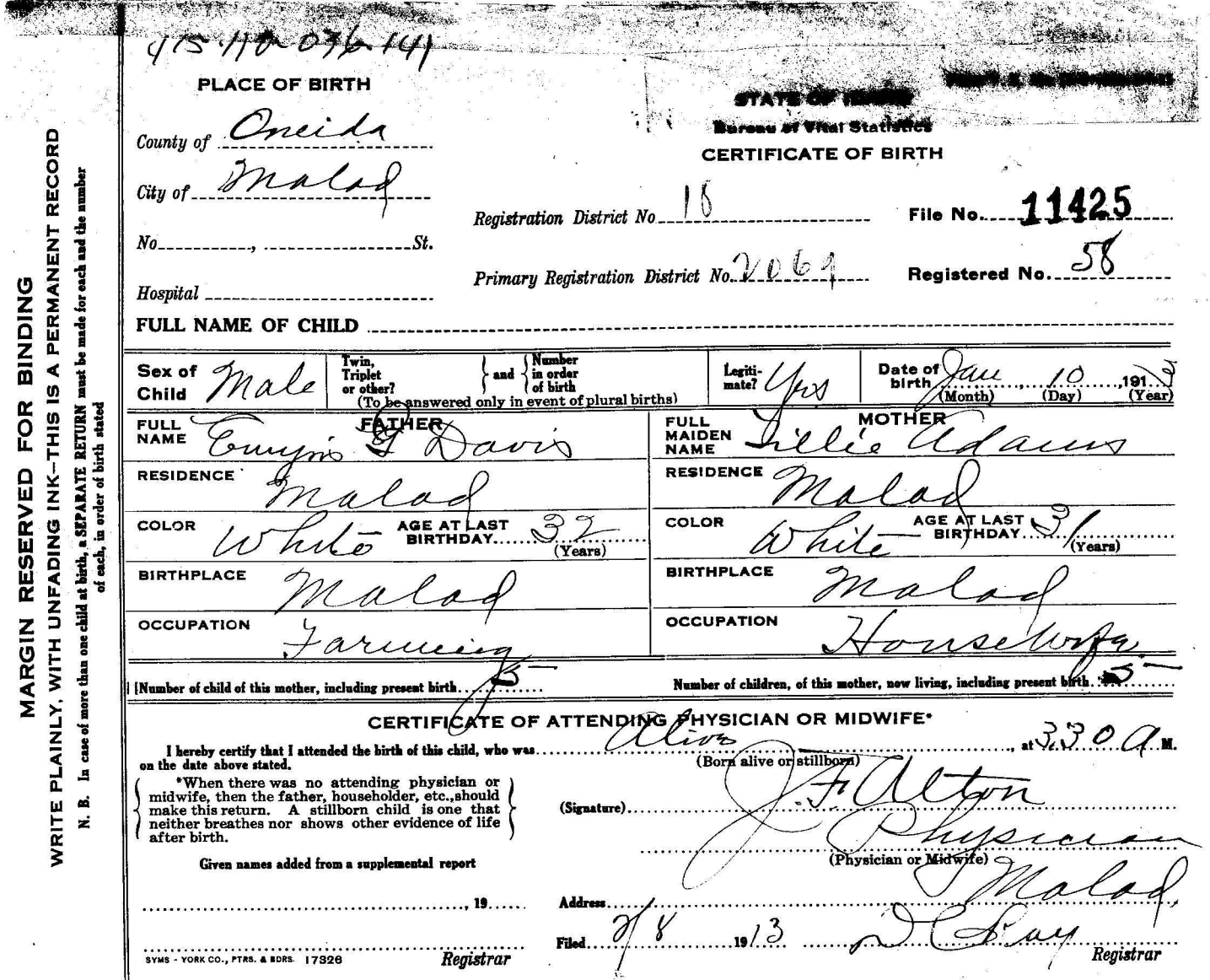


415-110-036-141

PLACE OF BIRTH

County of Oneida

City of Malad

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No. 11425

Primary Registration District No. 2064 Registered No. 58

FULL NAME OF CHILD _____

Sex of Child: Male

Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)

Legitimate? Yes

Date of birth: January (Month) 10 (Day) 191 (Year)

FATHER	MOTHER
FULL NAME: Eunyis T Davis	FULL MAIDEN NAME: Lillie Adams
RESIDENCE: Malad	RESIDENCE: Malad
COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Malad	BIRTHPLACE: Malad
OCCUPATION: Farming	OCCUPATION: Housework

[Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician (Physician or Midwife)

Given names added from a supplemental report

Address Malad

_____, 19____

Filed Jan 8 1913 D. C. Davis Registrar

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

415 . ID3 . 036 . 693

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria Registration District No. 18 File No. 11426

No. ____, ____ St. Primary Registration District No. 7069 Registered No. 59

Hospital BURTON WILLIAMS

FULL NAME OF CHILD ~~Gilbert~~ Mansfield

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		13	yes	Jan 3, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Brigham Y. Mansfield	Elizabeth Williams
RESIDENCE	Samaria Ida	Samaria
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	62	45
BIRTHPLACE	England	Wales
OCCUPATION	Mail Carrier	

Number of child of this mother, including present birth 13

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.22 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Reese

Midwife (Physician or Midwife)

Address Samaria Idaho

Given names added from a supplemental report

....., 19....

Filed 2/7 1913 D C Ray Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of ONEIDA } ss.

Certificate No. 11426

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for GILBERT MANSFIELD (Name on Original Certificate) who WAS BORN (Was Born or Died) on 1-3-1917 (Date of Event)
in SAMARIA, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gilbert	Burton Williams Mansfield

Subscribed and sworn to before me this 22nd
day of July, 1942
John H. McAllister by D.O. Jones Deputy
Notary Public, residing at Malad, Idaho
My commission expires [illegible] of the District Court
(Seal)

Signed Elizabeth Ann Mansfield
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Samaria Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Oneida } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd
day of July, 1942
John H. McAllister by D.O. Jones Deputy
Notary Public, residing at Malad, Idaho
My commission expires
(Seal) [illegible] of the District Court

Signed Ruth Williams
(Signature of Any Credible Person Other Than Previous Year)
Samaria, Idaho
(Street Address, City, State)

JUL 24 1942

JUL 27 1942

MAR 4 1960

613-230-236-413

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Cherry creek

No. ____, ____ St.

Registration District No. 18

File No. 11427

Primary Registration District No. 2069

Registered No. 60

Hospital ____

FULL NAME OF CHILD Melba Facer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		11	yes	Jan 30, 1913

FATHER		MOTHER	
FULL NAME	Alma Facer	FULL MAIDEN NAME	Rozilla Dalton
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Hillard Utah	BIRTHPLACE	Hillard Utah
OCCUPATION	Farming	OCCUPATION	

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 [illegible] M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary A Facer

Midwife
(Physician or Midwife)

Address Samaria Idaho

Filed 2/7 1913 D C Ray
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

299-107-036-553

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 11428

Primary Registration District No. 2069 Registered No. 61

FULL NAME OF CHILD Claude Briggs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 7 1913

FATHER		MOTHER	
FULL NAME	Ephriam Briggs	FULL MAIDEN NAME	Inez Nelson
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	rancher	OCCUPATION	house wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6.50 A. M. on the date above stated.

(Signature) W C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed Jany 2 1913 W C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 1974

165-108-036 313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Gooding

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 11429

Primary Registration District No. 2069 Registered No. 6

FULL NAME OF CHILD John Jones Caldwell

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
male	(To be answered only in event of plural births)		Yes	January 8th (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John T Jones	FULL MAIDEN NAME	Margaret Caldwell
RESIDENCE	Gooding Idaho	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	same

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M.D.

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

..... 19.....

Filed January 13 1913 D C Ray Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO OCT 15 1942

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Oneida } ss.

Certificate No. 21429

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for JOHN JONES (Name on Original Certificate) who WAS BORN (Was Born or Died) on JAN. 8, 1913 (Date of Event)
in MALAD, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by BIBLE RECORD (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	John	John Caldwell Jones
Date	Jan. 9th	Jan. 8, 1913

Subscribed and sworn to before me this 14th
day of October 19 42
John D. McAllister
Notary Public, residing at Malad, Idaho
My commission expires Clerk of the District Court
(Seal)

Signed Margaret J Jones Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

DEC 15 1964

OCT 16 1942

386-2181036-814

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

Registration District No. 18 File No. 11430

No. ____ St.

Primary Registration District No. 2069 Registered No. 63

Hospital ____

FULL NAME OF CHILD Catherine Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe			Yes	January 18 1913

FATHER		MOTHER	
FULL NAME	Edward Thomas	FULL MAIDEN NAME	May Hamlin
RESIDENCE	Samaria	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed 1-20 19 13 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1 1942

3861120376619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ineda

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 11431

Primary Registration District No. 2069 Registered No. 64

FULL NAME OF CHILD Henry Ward Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	Jany 12 1913

FATHER		MOTHER	
FULL NAME	Henry Thomas	FULL MAIDEN NAME	Pearl Ward
RESIDENCE	Malad City	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15 A. M. on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed Jany 20 19 13 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

816 21810-36-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 11432

Primary Registration District No. 2069 Registered No. 66

FULL NAME OF CHILD Lois May Hawa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	January 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wallace Hawa	Zoe May Thompson
RESIDENCE	Holbrook Idaho	Holbrook
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Utah	Utah
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6-10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City

Given names added from a supplemental report

..... 19.....

Filed 1/20 19 13 D. C. Ray

..... Registrar

Registrar

8-Y CO. 20174

DEC 17 1976

OCT 11 1945

632-123-036-165

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Registration District No. 18 File No. 11433

Primary Registration District No. 2064 Registered No. 66

FULL NAME OF CHILD Elmer Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	January 28 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Parley Olsen	Sophia Jones
RESIDENCE	Malad R D	Same
COLOR	wh	w
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Utah	Idaho
OCCUPATION	rancher	house wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray - M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed January 26 19 13 D C Ray Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-225-036-365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 11434

Primary Registration District No. 2064 Registered No. 67

FULL NAME OF CHILD Myrtle

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
ff			Yes	January 25 1913

FATHER		MOTHER	
FULL NAME	Mark Larsen	FULL MAIDEN NAME	Loretta Loveland
RESIDENCE	Malad	RESIDENCE	Same
COLOR	wh	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M.D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed 1-27-13 19 D. C. Kay Registrar

S-Y CO. 20174 Registrar

562-229-036-165

Form V. S. No. 11-C—Rev. 6-15-42

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

Registration District No. 18 File No. 11435

Primary Registration District No. 2064 Registered No. 68

FULL NAME OF CHILD Margaret Noble

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	May 29 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Don Noble	Margie Jones
RESIDENCE	Holbrook	Same
COLOR	wh	wh
AGE AT LAST BIRTHDAY	27 (Years)	30 (Years)
BIRTHPLACE	Scotland	Idaho
OCCUPATION	rancher	house wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed 1 30 19 3 D. C. Ray

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 11 1992

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

314-212-010-265

BUREAU OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 7 File No. 11442

Primary Registration District No. 2027 Registered No. 1

FULL NAME OF CHILD Mona Lavonne Cader

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	1 (Month) 12 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John L Cader	FULL MAIDEN NAME	Jennie Sheets
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. Hummel M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed 1/ 1 19 13

..... Registrar

S-Y CO. 20174

..... Registrar

JAN 10 1951

NOV 12 1976

d 39-102 : 010-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11443

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No.

No. ____, ____ St.

Primary Registration District No. 227 Registered No. 2

Hospital Gerald Strahle

FULL NAME OF CHILD Diane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 2, 1913

FATHER		MOTHER	
FULL NAME	Byron Strahle	FULL MAIDEN NAME	Eliza Holden
RESIDENCE	Idaho Falls, Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Drayman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller MD

(Physician or Midwife)

Address Idaho Falls - Ida

Given names added from a supplemental report

....., 19.....

Filed Jan 5 19 13

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

W. L. BREWRINK
CLERK OF THE DISTRICT COURT
EX-OFFICIO
AUDITOR AND RECORDER

BONNEVILLE COUNTY

IDAHO FALLS, IDAHO

STATE OF IDAHO)
) ss
BONNEVILLE COUNTY)

Mrs. Byron Strahle, being first duly sworn, deposes and says that she is the Mother of Gerald Duane Strahle and Richard Henry Strahle, and that the spelling of the name as"Straley" is an error of the one sending in the record. Also that Gerald Duane Strahle is the name given him and the omission of Duane is an error. The surname is spelled "Strahle" and always has been.

Mrs Byron Strahle

Subscribed and sworn to before me this 12th day of February, 1942.

W L Brewrink

CLERK OF THE DISTRICT COURT

MAY 7 1956

MAY 2 1956

FEB 25 1942

154205 · 010-449

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____ St.

Hospital ____

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11444

Primary Registration District No. 2027 Registered No. 3

FULL NAME OF CHILD Hazel Irene Anderson

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth
Female		Yes	June 3 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Henry Anderson	FULL MAIDEN NAME	Margaret Muir
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]
Physician
(Physician or midwife)

Address Idaho Falls Idaho

Filed Jan 6 1913 [illegible]
Registrar

Given names added from a supplemental report

....19....

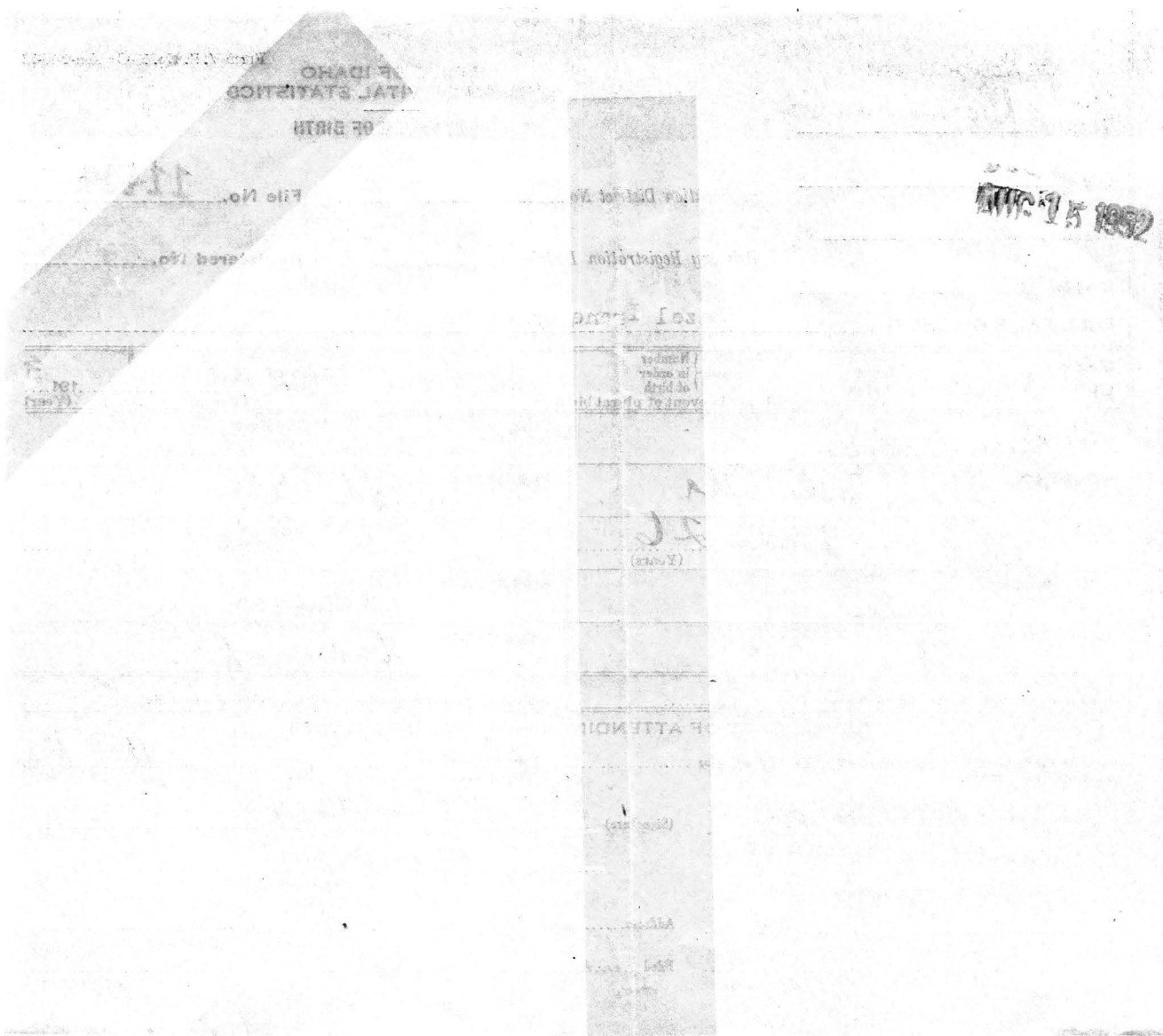
....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



260-207010-314

PLACE OF BIRTH

County of Bonneville

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of _____

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2029

File No. 11446

Registered No. 2

FULL NAME OF CHILD Wanda Bowles

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				leg.	Jan 7 1913

FATHER		MOTHER	
FULL NAME	S. C. Bowles	FULL MAIDEN NAME	Sarah Campbell
RESIDENCE	Rigby RFD No 2	RESIDENCE	Rigby RFD No 1
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Lor borer	OCCUPATION	Home Keeper

Number of child of this mother, including present birth: first

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. 1/7/13 at 4 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. A. Price (Physician or midwife)

Address Rigby, Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 14 1913 W. Thomas Registrar

..... Registrar

S-Y CO. 20174

FOR BINDING

MARGIN RESE...

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of child, in order of birth, stated.

FEB 13 1945

115-160-010-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11447

Primary Registration District No. 2027 Registered No. 6

FULL NAME OF CHILD Melvin

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male,	Single;	(To be answered only in event of plural births)	Yes	Jan. 10, 1913. (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Carl Jaeger,	FULL MAIDEN NAME: Siera Kruse,
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho.
COLOR: Wht. AGE AT LAST BIRTHDAY: 25 (Years)	COLOR: Wht. AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Germany,	BIRTHPLACE: Iowa.
OCCUPATION: Stockman.	OCCUPATION: Wife.

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Jan. 10, 1913. at 10 P.m. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Bridges M. D.

(Physician or Midwife)

Address Idaho Falls, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Jan 16 1913 [signature] Registrar

S-Y CO., 16670

Registrar

MAR 3 1966

513-208-210-216

PLACE OF BIRTH

STATE OF IDAHO

County of Bonneville Amended 11/21/75 Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Ammon

Registration District No. 1 File No. 11148

No. ____, ____ St.

Primary Registration District No. 1 Registered No. 7

Hospital ____

FULL NAME OF CHILD Nada

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Jan 8, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Ball,	Dora May Bawsor.
RESIDENCE	Ammon	Ammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	41
BIRTHPLACE	North Carolina Wilkes Co	Harrisville Utah
OCCUPATION	Farming	

Number of child of this mother, including present birth 7 Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a live (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Filed 1/[illegible], 19[illegible]

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 4 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 19 9 19 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11448

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Harda Ball (Name on Original Certificate) who was born (Was Born or Died) on Jan. 8, 1913 (Date of Event)
in Ammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Harda	Uarda Ball

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of
Bonneville, 1975.

Beth Hopkins
Notary Public, residing at Idaho Falls, Idaho
My commission expires 7-1-79
(Seal)

Signed Larry L. Whiting
(Signature of Any Credible Person)

RT #7 Box 5A
(Street Address, City, State)
Idaho Falls, Idaho

FORM DH 60-155 CL 11/14/75

Certif of Blessing from the LDS Church gives name as Uarda Jane Ball daughter of Arthur Ball and Dora M. Ball. born Jan. 8, 1913 at Ammon, Idaho. Blessed Apr. 27,1913. viewed by V. S.

NOV 2 1 1975

Certificate of Baptism and Confirmation from the LDS Church gives name as Uarda Ball daughter of Arthur Ball and Dora M. Rawson. Baptized May 1, 1921. Born Jan. 8, 1913. viewed by V. S.

893/241 010-595

PLACE OF BIRTH

County of Bonneville

City of _____ Registration District No. 7 File No. 11449

No. _____ St. Primary Registration District No. 2029 Registered No. 4

Hospital _____

FULL NAME OF CHILD W. Morand Hicks

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Jan 24 1913

FATHER	MOTHER
FULL NAME: Ernest Hicks	FULL MAIDEN NAME: Janet Nielsen
RESIDENCE: Idaho Falls Ida	RESIDENCE: Idaho Falls Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 1/2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Morand M.D.
Physician
(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Jan 24 19 13 J. Hammond Registrar

S-Y CO. 20174

JUN 24 1957

253-12-210-815

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 11450

Primary Registration District No. ____ Registered No. ____

FULL NAME OF CHILD Frank Norman Kelley

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	One	Yes	Jan 21, 1913

FATHER		MOTHER	
FULL NAME	Frank D Kelley	FULL MAIDEN NAME	Lillian E. Hansen
RESIDENCE	Tonopah Nev.	RESIDENCE	Tonopah, Nevada
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Iowa	COLOR	White
OCCUPATION	Telegraph Operator	AGE AT LAST BIRTHDAY (Years)	26
		BIRTHPLACE	Utah
		OCCUPATION	Housewife

Number of child of this mother, including present birth third

Number of children, of this mother, now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or Midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Registrar

Filed Jan 24 1913

Registrar

S-Y CO., 16670

FEB 26 1945

FEB 22 1945

338-214-010-662

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of ____ Registration District No. 7 File No. 11451

No. ____, ____ St. Primary Registration District No. 217 Registered No. ____

Hospital ____

FULL NAME OF CHILD Edith Irene Clyne

Sex of Child: Female | Twin, Triplet, or other? Single | and Number in order of birth: One | Legitimate? Yes | Date of birth: Jan (Month) 14 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wesley F. Clyne	FULL MAIDEN NAME	Edith Foster
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	16 (Years)
BIRTHPLACE	Chubb Springs, Idaho	BIRTHPLACE	Mapleton, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.... Registrar

Filed Jan 27 1913 Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

(County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. II-C—[illegible]

MARGIN PRESERVED FOR BINDING

ONLY WITH UNDERSTANDING—THIS IS A PERMANENT RECORD

891-120-010-769

PLACE OF BIRTH

Form V. S. No. 2-C-1916 Rev.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneyville

City of Ammon

No ____, ____ St.

Hospital ____

Registration District No 7 File No. 11452

Primary Registration District No 227 Registered No. 11

FULL NAME OF CHILD Chester Hiatt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	Jan 20 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Rawson Hiatt	Savina Leona Gorgensen
RESIDENCE	Ammon Idaho	Ammon Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	18
BIRTHPLACE	Ammon Idaho	Oxford Idaho
OCCUPATION	Farming	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

Midwife (Physician or Midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

....., 19.....

Filed 1121 1913 W. Hammond Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 18 1953

161-1271

PLACE OF [illegible]

County of [illegible]

City of Burton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V.S. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11453

Primary Registration District No. 2059 Registered No. 31

FULL NAME OF CHILD Yoshio Awa

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	If Number in order (of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Jan 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. Ariyoshi Awa	S. Hayano
RESIDENCE	Burton	Burton
COLOR	Japa	Jap.
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Japan.	Japan.
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:50 P. M. on the date above stated.

(Signature) Elmira M. Nelson

(Physician or midwife)

Address Rexburg

Filed Feb 10 1913 Ray Fisher MD Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1913-170237

not

897-20-022 V354

Form V. S. No. 11.—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Salem

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 11454

Registered No. 37

FULL NAME OF CHILD ETHEL MARIE HIGLEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Luther Higley	Marian Alvord
RESIDENCE	Sal.	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	18
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

Filed Feb 10 19 13 Ray S. Fisher

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 11454
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on Feb. 1, 1913 (Date of Event)
in Salmon, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Parents (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Ethel Marie Higley

Subscribed and sworn to before me this 28th
day of March, 1942
M. E. Healy
Notary Public, residing at Boise, Idaho
My commission expires Aug. 20, 1944
(Seal)

Signed Marion Higley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 2 0 1971

8/3·203·022-249

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lyman

Registration District No. 9

File No. 11456

No. ..... St.

Primary Registration District No. 2039

Registered No. 57

Hospital .....

FULL NAME OF CHILD Vivian Hales

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Jan 3 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Orin Hales	FULL MAIDEN NAME	Fannie Smith
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eaton Jr.

(Physician or Midwife)

Address Rexburg Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-10 19 13 Reg't Graham Registrar

..... Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS SEP 11 10 21 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Fremont

Certificate No. 11456

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Hales (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 3, 1913 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Vivian Hales

Subscribed and sworn to before me this 9th day of September 1974

Dorothy MacKay
Notary Public, residing at Island Park Idaho
My commission expires 6-10-76
(Seal)

Signed Arnold L Henderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
1441 Paul St Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of September 1974

Dorothy MacKay
Notary Public, residing at Island Park Idaho
My commission expires 6-10-76
(Seal)

Signed Alton N. Weaver
(Signature of Any Credible Person)
5502 E Univ. Dr
Mesa Ariz 85205
(Street Address, City, State)

FORM DH-6D-155 CL 8/6/74

Release of Mortgage from First Federal Savings and Loan Association of Idaho Falls, Idaho. gives names as Eldridge J. Hill and Vivian Hill dated Jan. 13, 1944. viewed by Vl S.

SEP 19 1974

Insurance policy from The Equitable Life Assurance Society of the U.S. gives name as Vivian H. Hill, dated April 25, 1944. viewed by V. S.

791-203-022-864

PLACE OF BIRTH

County of Fremont

City of Ashton

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11457

Primary Registration District No. 2039 Registered No. 52

FULL NAME OF CHILD Goren Pratt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			yes	Jan 3 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Irwin M. Pratt	FULL MAIDEN NAME	Myrtle S. Young
RESIDENCE	Ashton	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Nelson

(Physician or Midwife)

Address Ashton, Ida

Given names added from a supplemental report

..... 19.....

Filed 2-10 19 13 Ray H. Beach Registrar

..... Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 21 1942

231-205-022-993

PLACE OF BIRTH

County of Tremm X

City of Teton

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11458

Primary Registration District No. 2039 Registered No. 53

FULL NAME OF CHILD Burly K. Stuker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 5 1913

FATHER

FULL NAME Alvin L. Stuker.

RESIDENCE Teton

COLOR W. AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah L. Richman

RESIDENCE Teton

COLOR W AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Jensen

(Physician or midwife)

Address Driggs Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 10 1913 Ruth Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME CHANGE

DUP OF 1913-414206

NOT

659-22-022-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont.

City of Ryburg.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11459

Primary Registration District No. 2039 Registered No. 30

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes.	Jan 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. Albert Orrell.	Alice Dawes
RESIDENCE	Ryburg.	Ryburg
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	48	45
BIRTHPLACE	Utah.	Utah
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or Stillborn), at 9P M. on the date above stated.

(Signature) R. A. Crismon

(Physician or midwife)

Address Ryburg Idaho.

Filed Feb. 10 1913 Ray H. Fisher M.D. Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

NOV 9 1973

689-13-022-381

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ammon

City of Egin

No. , St.

Hospital

Registration District No. 9

Primary Registration District No. 2038

File No. 11460

Registered No. 11

FULL NAME OF CHILD Bertha Catherine White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 13, 1913

	FATHER	MOTHER
FULL NAME	J F White	Eliza Chandler
RESIDENCE	Egin	Egin
COLOR		W
AGE AT LAST BIRTHDAY	36 (Years)	30 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. S. West

(Physician or Midwife)

Address St. Anthony

Filed Feb 10 19 13 Ray H. Fisher
Registrar

S-Y CO., 16669

of each, in order of birth stated

SEP 11 1942

569-109-022-313

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony Registration District No. 9 File No. 11461

No. ....., ... St. Primary Registration District No. 2036 Registered No. ~~565~~ 12

Hospital .....

FULL NAME OF CHILD Donald Ewing

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 9, 1913

	FATHER	MOTHER
FULL NAME	Draymount Ewing	FULL MAIDEN NAME Florence Calery
RESIDENCE	St Anthony	RESIDENCE St. Anthony
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 18 (Years)
BIRTHPLACE	Utah	BIRTHPLACE Idaho
OCCUPATION	Life Ins Agent	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Best

(Physician or Midwife)

Address St. Anthony

Given name added from a supplemental report

....., 19.....

Filed Feb 10 1913 Roy H Fisher

Registrar

S-Y CO., 16669

Registrar

of each, in order of birth stated

JUN 2 1943

MAY 21 1945

SEP 22 2016

386.122.022-279

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Fremont

City of St. Anthony

No. ____, ____ St.

Registration District No. 7

File No. 11462

Primary Registration District No. 2038

Registered No. 864 13

Hospital ____

FULL NAME OF CHILD R. F. Thompson Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 22, 1913

	FATHER	MOTHER
FULL NAME	R F Thompson	Nettie Spiedel
RESIDENCE	St. Anthony	St. Anthony
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	31	20
BIRTHPLACE	Idaho.	Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6409 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W P Wash

(Physician or Midwife)

Address St. Anthony Ida

Given name added from a supplemental report

....., 19....

Registrar

Filed Feb 10 1913 Roy [illegible]

Registrar

S-Y CO., 16669

In case of more than one child at a birth, a SEPARATE RETURN must be made for each, in order of birth stated

MAY 2 1 1970

764 105-022-154

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of St. Anthony

No. ..... St.

Registration District No. 9

File No. 11463

Primary Registration District No. 2038

Registered No. 867 16

Hospital .....

FULL NAME OF CHILD Chester Gould Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 5 1913

	FATHER	MOTHER
FULL NAME	Joseph Gould	FULL MAIDEN NAME Eva Andrews
RESIDENCE	St Anthony	RESIDENCE St. Anthony
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE	Kansas	BIRTHPLACE Ida
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or Midwife)

Address St. Anthony

Given name added from a supplemental report

..... 19.....

Registrar

Filed Feb 10 1913 Ray S. Fisher

Registrar

S-Y CO., 16669

JUN 2 6 1974
JAN 2 8 1976

5/15/41 L. B.

418-107-022-632

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of St Anthony

Registration District No. 9

File No. 11464

No. ..... St.

Primary Registration District No. 2038

Registered No. 17

Hospital

FULL NAME OF CHILD Ralph May

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 7 1913

FATHER		MOTHER	
FULL NAME	Theodore May	FULL MAIDEN NAME	Christine Olson
RESIDENCE	St. Anthony	RESIDENCE	St. Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Fremont Co.	BIRTHPLACE	Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West M. D.

(Physician or midwife)

Address St. Anthony Ida

Filed Feb 10 19 13 Ray H. Fisher M.D.

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

City of _____ Registration District No. _____ File No. 11464

No. _____

375-231-022-25-9

PLACE OF BIRTH

County of Fremont

City of Wilford

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11465

Primary Registration District No. 2038 Registered No. 33

FULL NAME OF CHILD Oda Stewart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Jan 31 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benj. Stewart	Coraline Beck
RESIDENCE	Wilford	Wilford
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	19
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.15 A.M. on the date above stated.

(Signature) Mary Sorensen

(Physician or midwife)

Address Rexburg

Filed Feb 10 1913

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1947

493.22 41022-366

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11466

Primary Registration District No. 2038 Registered No. 18

FULL NAME OF CHILD Mary Lucille Miller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 24 1913

	FATHER	MOTHER
FULL NAME	J. T. Miller	FULL MAIDEN NAME Ellen St Clair Sawyer
RESIDENCE	St Anthony	RESIDENCE St. Anthony
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	37	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W P Wrat
(Physician or midwife)

Address St. Anthony

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 10 19 13 Ray Finch M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 25 1958

JAN 18 1945

393-221-022-231

PLACE OF BIRTH

County of Fremont

City of Hadem.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11471

Primary Registration District No. 2037 Registered No. 73

FULL NAME OF CHILD Erma Little.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. F. Little	Katie Black
RESIDENCE	Hadem	Hadem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Utah	Utah.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Caroline Rammell

Midwife (Physician or midwife)

Address Teton - Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 10 19 13 Ray St. Clair, Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 2 1944

553-225-022-386

PLACE OF BIRTH

County of Fremont

City of Driggs.

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11472

Primary Registration District No. 2037 Registered No. 24

FULL NAME OF CHILD Nola Christa Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Dec 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. C. Nelson,	Viola Thompson
RESIDENCE	Driggs.	Driggs.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Ida	Ida.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ora D. Keith

(Physician or midwife)

Address Driggs - Ida

Given names added from a supplemental report

..... 19.....

Filed Feb. 10 19 13 Ray S. Fisher M.D.

Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 23 1976

15X-22X-022-343

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson, Registration District No. 9 File No. 11475

No. ____ St. Primary Registration District No. 2037 Registered No. 27

Hospital ____ Chlor Anderson

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Jan 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Byron Anderson	Rose Luty
RESIDENCE	Clawson	Clawson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Tinsmith Culturist	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or midwife)

Address Box 995 - Idaho

Given names added from a supplemental report

____ 19____

Filed Jan 13 1913 Ray H. Fisher M.D.

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

49-48-022-643

CERTIFICATE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson

Registration District No. 9

File No. 11476

No. ..... St.

Primary Registration District No. 7027

Registered No. 28

Hospital

FULL NAME OF CHILD Not named Jared Keith Merrill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate	Date of Birth (Month) (Day) (Year)
M			Yes.	Jan 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard Merrill	Ida Fullmer
RESIDENCE	Clawson.	Clawson
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Osa D. Keith

(Physician or midwife)

Address Driggs

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 19 1913 Ray Hiskey M.D. Registrar

S-Y CO. 20174

AUG 29 1967

ted States
)artment of Commerce
'eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11 7 /
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Teton (b) City Clawson
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 12 years 4 months 9 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Teton
(c) City Clawson
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 42
3. RESIDENCE OF FATHER (city, state) Same Place

FULL NAME OF CHILD Jared Keith Merrill
5. Date of Birth of Child (Month, day, year) 1-18-1913
Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
FULL NAME Peter Richardson Merrill
Color or Race white
12. Age at time of THIS birth 34 yrs.
Birthplace Smithfield, (City or town) Utah (State or foreign country)
Exact Occupation Farmer
Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Ida Margaret Fullmer
17. Color or Race white
18. Age at time of THIS birth 29
19. Birthplace Providence, (City or town) Utah (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

~~Name prophylactic~~ used to prevent Ophthalmia Neonatorum Broic acid
Number of children of this mother: (a) At time of birth and including this child 6 (b) Born alive and now living 6

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... at ..... M. on the
(Born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Ida M. Pershall (First name) (Last name), wh
related to this child as mother (Mother, etc.)

Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

te of Idaho } ss.
nty of Butte }

AFFIDAVIT to be completed when the attendant does not s in Item 25.

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appe
tem 4, above, that I am now 58 years of age, that I have known this person for 29 years, and t
. Ora Dell Keith (First name) Driggs (Last name), Idaho who attended this birth cannot be located (Is now deceased) or (Cannot be located) I further state t
facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded un
ipter 139, 1937 Session Laws.

Ida M Pershall Signat
Arco, Idaho P. O. Addr

Subscribed and sworn to before me this 4th day of February, 19 42

(SEAL) ..... Notary Public, residing at Arco, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on ..... by ..... Registr

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

385-dd81022-493
Amended 11-4-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11477
Local Reg. No. 40
Reg. Dist. No. 9

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Victor
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Victor
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Thelma
b. (Middle): Alice
c. (Last): Cheyney

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 28, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Ora
b. (Middle): E.
c. (Last): Cheyney

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Ohio

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Johanna
b. (Middle):
c. (Last): Dittrich

13. AGE (At time of this birth): 26 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Neb.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. P. Crisler

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Driggs, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

APR 2 01966

Bureau of Vital Statistics

State of California
County of Los Angeles } ss.

Certificate No. 11477

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Cheney (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28, 1913 (Date of Event)
in Victor, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Affidavit (Bible Record, Insurance Policy, Etc.) prepared on January 1966 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Thelma Alice Cheyney
Full Name of Father	O. E. Cheney	Ora E. Cheyney
Full Maiden Name of Mother	Johanna Detrich	Johanna Dittrick

Subscribed and sworn to before me this 14th day of April, 1966

Notary Public, residing at Los Angeles County

My commission expires D. L. MATHEWS (Seal)

My Commission Expires April 21, 1969

Signed Thelma Alice Cheyney mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

925 Via Wanda No. Long Beach Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Los Angeles } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of April, 1966

Notary Public, residing at Long Beach

My commission expires D. L. MATHEWS (Seal)

My Commission Expires April 21, 1969

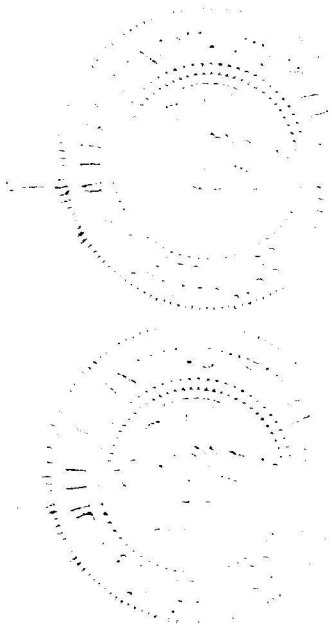
Signed Harold R. Cheyney
(Signature of Any Credible Person)

100 Atlantic Ave Long Beach Calif
(Street Address, City, State)

FORM DH 60-155

CL 4-11-66. rm one copy pd. rec. #11087.

Photo Copy of Original Social Security Application, dated Jan. 13, 1940 gives full name as Mrs. Thelma Alice Cheyney Mathews, age 26, born Feb. 27, 1913 at Blackfoot, Idaho to Mr. Ora Cheyney and Johanna Dittrich - social sec. #507-18-1565- viewed by V.S.



accepted as one good document.

AFFIDAVIT

STATE OF NEBRASKA
COUNTY OF DOUGLAS ss.
CITY OF OMAHA

I, Mary Catherine Neugent, do hereby depose and state that I am a resident of Omaha, Nebraska and have for the past 21 years been employed as Intake Supervisor at Catholic Charities of the Archdiocese of Omaha, Inc. In that capacity I have access to the early records of St. James Orphanage, a child care institution licensed under the Department of Child Welfare of the State of Nebraska.

I further state that in these records I find that Thelma Mary Cheyney daughter of Ora Cheyney and Johanna Dittrich was admitted to that institution on March 31, 1925 and remained there until August 31, 1927 when she was placed with her grandfather Frank Dittrich. The record shows that said Thelma Cheyney was born January 28, 1913 at Victor, Idaho and baptized at the Presbyterian Church in that community on September 21, 1913.

SUBSCRIBED and sworn to before me this 25 day of May, 1946.

Mary C. Neugent

Agnes Beal
Notary Public

was notarized with seal

Form V. S. No. 11—10m-2-15-1'

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Victor

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11477

Primary Registration District No. 2037 Registered No. 40

FULL NAME OF CHILD .....

Sex of Child Female | Twin, Triplet or other? ..... and Number in order of birth ..... (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Jan 28 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME O. E. Cheney	FULL MAIDEN NAME Johanna Detried
RESIDENCE Victor	RESIDENCE Victor
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR W AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ohio	BIRTHPLACE Neb.
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. D. Cusler (Physician or midwife)

Address Driggs Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 10 1913 Reg't of Vital Statistics Registrar

S-Y CO. 20175

NOV 4 1966

113-113-022-319

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11478

Primary Registration District No. 2037 Registered No. 41

FULL NAME OF CHILD Evan Jacobson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 13 1913

FATHER		MOTHER	
FULL NAME	Hans N. Jacobson	FULL MAIDEN NAME	Jennie Larsen
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Larsen

(Physician or midwife)

Address Driggs Ida

Filed Feb. 10 1913 Ray H. Gish Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-214-022-345

PLACE OF BIRTH

County of Jrmack

City of LaBelle

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 11488

Primary Registration District No. 2040

Registered No. 1

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 14, 1913

	FATHER	MOTHER
FULL NAME	John Harrop	Lillie Lundquist
RESIDENCE	LaBelle	LaBelle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	22
BIRTHPLACE	Idaho.	Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4.40a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher MD

(Physician or Midwife)

Address Rigby

Given name added from a supplemental report

____, 19____

Registrar

Filed Feb. 15 1913 Ray H Fisher MD

Registrar

S-Y CO., 16669

DUP OF 13-307939

169-217-022-389

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. 11489

Primary Registration District No. 9040 Registered No. 2

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Jan 17, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hans Jorgensen	Olive Christiansen
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	28
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray W Fisher MD

(Physician or Midwife)

Address Rigby - Idaho

Filed Feb 10 19 13 Ray W Fisher MD

Given name added from a supplemental report

....., 19.....

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

33-215-022-255

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Fremont

City of Menan Registration District No. 9 File No. 11490

No. ____, ____ St. Primary Registration District No. 2040 Registered No. 3

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 15, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C W Clark	Mina Kennedy
RESIDENCE	Menan	Menan
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan Idaho

Given name added from a supplemental report

____, 19____

Filed Feb 10 1913 Roy H. Fuller

Registrar

Registrar

S-Y CO., 16669

of each, in order of birth stated

165-231-022-962

PLACE OF BIRTH

Form V. S. No. 11—~~10m-6-39~~-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Jerusalem

City of Lewisville Registration District No. 7 File No. 11491

No. ....., ... St. Primary Registration District No. 2070 Registered No. 4

Hospital .....

FULL NAME OF CHILD Ruth Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 31, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J W Jones.	Harriet Robinson
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	39	41
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 13. Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead, at 9 P. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan

Given name added from a supplemental report

....., 19.....

Filed Feb 10 19 13 Ray H. Fisher

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED MAY 8 1967 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No. 11491

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Jones (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 31, 1913 (Date of Event)

in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by √ (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Jones

Subscribed and sworn to before me this 5 day of May, 19 67

Notary Public, residing at Rexburg, Idaho

My commission expires ~~Dec. 18, 1970~~

(Seal)

Signed

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

~~460 So. 3rd W. Rexburg, Idaho~~

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of May, 19 67

Notary Public, residing at Rexburg

My commission expires Dec. 18, 1970

(Seal)

Signed Cleo J. Johnson (Signature of Any Credible Person)

460 S. 3rd W. Rexburg, Idaho (Street Address, City, State)

FORM DH 60-155 CL 10-6-66. nm

Grade Transcript, Rigby High School-Rigby, Idaho, gives full name of student as Ruth Jones, born Jan. 31, 1913, parents name is given as Jos. W. Jones - viewed by V.S

L.D.S. Church Cert. of Blessing, April 6, 1913 gives full name as Ruth Jones, daughter of Joseph W. Jones and Harriet A. Robinson, born Jan. 31, 1913 at Bybee, Idaho - viewed by V.S.

JUN 8 1967

818-103-022-236

PLACE OF BIRTH

County of Fremont

City of Menan

Registration District No. _____ File No. 11492

No. _____, _____ St.

Primary Registration District No. 2040 Registered No. ~~5110~~ 5

Hospital _____

FULL NAME OF CHILD John Walter Hay

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 3 1913

FATHER		MOTHER	
FULL NAME	Jack Hay	FULL MAIDEN NAME	Lydia Stoddard
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 75 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan

Given name added from a supplemental report

_____, 19____

_____ Registrar

Filed Feb 10, 19 13 Ray H. Fisher M.D.

Registrar

S-Y CO., 16669

N. B. In case of more than one birth state of each, in order of birth stated

312-105-022-753

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 11493

Primary Registration District No. 2040

Registered No. ~~74~~ 888

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. R. Cooper	Geneva Peterson
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	25
BIRTHPLACE	~~Utah~~ Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) J. E. Melton

(Physician or Midwife)

Address Menan

Filed Feb 10 1913 Ray H. Fisher

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

of each, in order of birth stated

113-202-022-235

PLACE OF BIRTH

County of Fremont

City of Menan

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—16m-6-30-11

Registration District No. 9

File No. 11494

Primary Registration District No. 2040

Registered No. 657

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F				Yes	Feb 2 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Jackson	FULL MAIDEN NAME	Martha Sheffield
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	New York	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. at 6:20 P. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mellan

(Physician or Midwife)

Address Menan

Given name added from a supplemental report

____, 19____

Filed Feb 10 19 13 Ray H. Fisher M.D.

Registrar

S-Y CO., 16669

Registrar

of each, in order of birth stated

864-105-022-168

PLACE OF BIRTH

Amended 12-6-74

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Millard

City of Fillmore

No. ..... St.

Hospital .....

Registration District No. 9 File No. 11495

Primary Registration District No. 2040 Registered No. 8598

FULL NAME OF CHILD Hyrum Enoch Youngstrom

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes.	Feb 5 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Enoch Youngstrom	FULL MAIDEN NAME	Jane Johnston
RESIDENCE	Meran	RESIDENCE	Meran
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 1:20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Mitton

(Physician or Midwife)

Address Meran

Given name added from a supplemental report

....., 19.....

Filed Feb 10 19 13 Ray H. Fisher

Registrar

S-Y CO., 16669

Registrar

R. D. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 6 1974

11-26-74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 5 | 04 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 11495

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Youngstrom (Name on Original Certificate) who was born (Was Born or Died) on Feb. 5, 1913 (Date of Event)
in Menan (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Hyrum Enoch Youngstrom
Sex of child	F	Male

Subscribed and sworn to before me this ..... day of
....., 19....
Notary Public, residing at Idaho Falls
My commission expires 6/20/76
(Seal)

Signed Jane Youngstrom (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
590 E 15th Idaho Falls, Idaho 83401
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19....
Notary Public, residing at Idaho Falls
My commission expires 6/20/76
(Seal)

Signed Christina Oswald (sister)
(Signature of Any Credible Person)
498 E 18th Idaho Falls Idaho
(Street Address, City, State)
83401

FORM DH 60-155

1 cp pd. rec # 20280 - Correction Corresp. -

Certificate of Baptism and Confirmation certifies that Hyrum Youngstrom son of Enoch Youngstrom and Jane Johnston was born Feb. 5, 1913 at Menan, Idaho. Baptized August 6, 1921 in L.D.S.Church.
Viewed by V.S.-

DEC 6 1974

Insurance Policy issued by the Combined Insurance Company of America gives name as Hyrum Enoch Youngstrom. Policy #27593403 issued June 20, 1969. Beneficiary, Jack D. Youngstrom, brother.
Viewed by V.S

714-205-022-168

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 7

File No. 11496

Primary Registration District No. 2040

Registered No. ~~160~~ 9

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert L Paul	Mabel D Johnson
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	48	37
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8:09 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ann Palmer M.D.

(Physician or Midwife)

Address Rigby

Filed Feb 10 1913 Ray H Tucker MD

Registrar

Given name added from a supplemental report

____, 19____

____

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

493-109-022-755

Amended 3-14-63 (Be sure the information is complete and accurate)

State File No. 11497
Local Reg. No. 10
Reg. Dist. No. 9

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garfield, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Garfield
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Ray
b. (Middle): Edwin
c. (Last): Miller

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Feb. (Day) 9, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Henry
b. (Middle): E.
c. (Last): Miller

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 25 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Utah

11a. USUAL OCCUPATION:

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Caroline
b. (Middle):
c. (Last): Gneiting

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 21 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Idaho

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?: 1
b. How many OTHER children were born alive but are now dead?: 1
c. How many children were stillborn (born dead after 20 weeks pregnancy)?: 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ray H. Fisher

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Rigby

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: Feb. 10, 1913

20. REGISTRAR'S SIGNATURE: Ray H. Fisher

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

MAR 12 1963

Bureau of Vital Statistics

State of Idaho
County of Jefferson } ss.

Certificate No. 11497

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Miller (male child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 9, 1913 (Date of Event) in Garfield, Grant, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ray Edwin Miller
Full Maiden Name of Mother	Carrie Gneiting	Caroline Gneiting
Child's Birthplace	Grant	Garfield, Idaho ~~Jefferson~~

Subscribed and sworn to before me this 8th day of March 19 63

Notary Public, residing at Menan, Idaho

My commission expires Janaury 26, 1966

(Seal)

Signed Caroline Miller

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1, Lorenzo, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of March, 1963

Notary Public, residing at Menan, Idaho

My commission expires January 26, 1966

(Seal)

Signed Mrs Kathryn Poole

(Signature of Any Credible Person)

Menan, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 2-13-63. one copy pd. rec. #00594.

L.D.S. Church Cert. of Blessing, April 6, 1913 gives full name of child as Ray Edwin Miller, son of Henry Miller and Caroline Gneiting, born Feb. 9, 1913 at Garfield, Idaho - viewed by V.S.

L.D.S. Church Cert. of Baptism and Confirmation, July 3, 1921 gives full name as Ray Edwin Miller, son of Henry E. Miller and Carline Gruting, born Feb. 9, 1913 at Garfield, Idaho - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #38845 gives full maiden name of mother as Caroline Gneiting - viewed by V.S.

PLACE OF BIRTH

County of Fremont

City of Grant

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 11497

Primary Registration District No. 2040

Registered No. 510

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry E. Miller	Carrie Gneiting
RESIDENCE	Grant	Grant
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	21
BIRTHPLACE	Utah	Idaho
OCCUPATION		Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray S. Finke

(Physician or Midwife)

Address Ridgway, Ida

Given name added from a supplemental report

____, 19____

Filed Feb 10 1913

____ Registrar

S-Y-CO., 16669

Registrar

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and of each, in order of birth stated

MAR 14 1963

DEC 10 1963

431-226-022-133

PLACE OF BIRTH

County of Fremont

City of St. Anthony

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 9

File No. 11498

Primary Registration District No. 2046

Registered No. ~~765~~ 14

FULL NAME OF CHILD Dora Edna McArthur

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Jan 26, 1913

	FATHER	MOTHER
FULL NAME	David D. McArthur	Edna Allen
RESIDENCE	St. Anthony	St. Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	19
BIRTHPLACE	~~Idaho~~ Utah	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 12:30 P M. on the date above stated.

(Signature) W B West

(Physician or Midwife)

Address St. Anthony

Filed Feb 10 1913 Ray Hirsch Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____ 19____

____ Registrar

S-Y CO., 15669

of each, in order of birth stated

14

DECEASED

719-229-022-462

PLACE OF BIRTH

Amended 11/14/74

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-30-11

County of Fremont

City of St. Anthony

Registration District No. 9

File No. 11499

No. ; St.

Primary Registration District No. 2040.

Registered No. 85

Hospital

FULL NAME OF CHILD Helen Virginia Gailey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes.	June 29, 191..

FATHER		MOTHER	
FULL NAME	V. E. Gailey	FULL MAIDEN NAME	Mary Dobbins
RESIDENCE	St. Anthony.	RESIDENCE	St. Anthony
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Kansas.
OCCUPATION	Genl. Mdse.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Numbers of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 a. M. on the date above stated.

(Signature) C. W. B. Wood

(Physician or Midwife)

Address St. Anthony

Filed Feb 10 19 13 Ray H. Smith Jr. M.D.

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

Registrar

S-Y CO., 19669

JUN 25 1956

NOV 1 1965

2-mother

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 13 1 41 PM '74

State of .....
County of ..... } ss.

Certificate No. 11499

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Helen Virginia Gaily (Name on Original Certificate) who was born (Was Born or Died) on Jan. 29, 1913 (Date of Event)
in St. Anthony, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's last name	Gaily	Gailey
father's last name	Gaily	Gailey

Subscribed and sworn to before me this ..... day of
....., 19..... See attached.
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed X Maryse Gailey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19..... See attached.
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed W. L. Smith
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 10/24/74 lcc pd. rec.#18508

Membership card from Elks club in Idaho falls, gives name a V. E. Gailey. dated April 4, 1933. viewed by V. S.

NOV 14 1974

Driver's license fromI daho gives name as Virgil E. Gailey (No. 147914) dated 11/1/35. viewed by V. S.

U.S. Individual Income Tax Return for 1966 gives name as Helen Gailey. viewed by V. S. (social secue ity No. 519-16-4171.

TO 447 C

(Individual)

TI

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On November 7, 1974 before me, the undersigned, a Notary Public in and for said State, personally appeared Mayme Gailey*,

_____,

_____,

_____, known to me

to be the person _____ whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Barbara K. Gepfer

Barbara K. Gepfer

Name (Typed or Printed)

STAPLE HERE

OFFICIAL SE
BARBARA K. G
NOTARY PUBLIC-C
LOS ANGELES
My Commission Expires

14600 Roscoe Blvd., Panorama City, CA. 9

(This area for official notarial seal)

TO 447 C
(Individual)

TI

STATE OF CALIFORNIA
COUNTY OF Los Angeles } SS.

On November 7, 1974 before me, the undersigned, a Notary Public in and for said State, personally appeared G. Schmidt*,

_____,

_____,

_____, known to me

to be the person _____ whose name is subscribed to the within instrument and acknowledged that she executed the same.

WITNESS my hand and official seal.

Signature Barbara K. Gepfer

Barbara K. Gepfer
Name (Typed or Printed)

STAPLE HERE

OFFICIAL S[illegible]
BARBARA K. G[illegible]
NOTARY PUBLIC-CA[illegible]
LOS ANGELES
My Commission [illegible]

14600 Roscoe Blvd., Panorama City, CA. [illegible]

(This area for official notarial seal)

913-212-022-689

PLACE OF BIRTH

County of Bonneville

City or Town Rigby

No. ____ St. ____

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 9

File No. 11500

Primary Registration District No. 2040

Registered No. 21

FULL NAME OF CHILD Evelyn Raty

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Ye	Feb 17 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mathew Raty	Emily Whitaker
RESIDENCE	Rigby.	Rigby.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	29 27	24
BIRTHPLACE	Idaho. Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray St Fisher M.D.
(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 18 19 17

Ray St Fisher M.D.
Registrar

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 18 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

363-114-022-693

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11501

Primary Registration District No. 2040 Registered No. 27

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Feb 14 1913

FATHER		MOTHER	
FULL NAME	H. B. Coles.	FULL MAIDEN NAME	Daisy Williams.
RESIDENCE	Rigby.	RESIDENCE	Rigby.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5.20 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D
(Physician or midwife)

Address Rigby Ida.

Given names added from a supplemental report

..... 19.....

Filed Feb 14 19 13 Ray H. Fisher M.D
Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 11501

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD

Sex of Child

Twin or Triplet or order of birth (To be answered only in event of plural births)

Legitimate

Date of Birth (Month) (Year)

FULL NAME

RESIDENCE

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE (State or Country)

FATHER

MOTHER

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

No. 1a. In case of more than one child at birth, a separate return must be made for each and the number of each in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-053-942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2040

File No. 11503

Registered No. 38

FULL NAME OF CHILD Blanche Helen King

Sex of Child Female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? Yes

Date of Birth Jan 30 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME M. N. King	FULL MAIDEN NAME Minnie Russell
RESIDENCE Rigby.	RESIDENCE Rigby
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ruth Fisher

(Physician or midwife)

Address Rigby Ida.

Given names added from a supplemental report

..... 19.....

Filed Feb 18 1913 Ruth Fisher a.m.d. Registrar

..... Registrar

S-Y CO. 20175

JAN 28 1952

533.202-022-613

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. _____ St.

Hospital _____

Form V. S. No. 11-16m-A-'11-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11504

Primary Registration District No. 2040 Registered No. 42

FULL NAME OF CHILD Marjorie Ellsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 2 1913

FATHER		MOTHER	
FULL NAME	Preston Ellsworth	FULL MAIDEN NAME	Edyth Walker
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Tuttle

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 10 1913 Ray H. Tuttle Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

S-Y CO. 20175

Form V. S. No. [illegible]-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

File No.

Registered No.

1913

(Day) (Year)

(Years)

Newspaper Clipping, The Rigby Star, Rigby, Idaho gives full name as Miss Marjorie Ellsworth age 30. - viewed by V.S. and Own Child's Birth Cert. on file: (Idaho Birth) #431068 gives full maiden name of mother as Marjorie Ellsworth - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 11504

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Ellsworth (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 2, 1913 (Date of Event) in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Marjorie Ellsworth

Subscribed and sworn to before me this 24 day of May, 1962

Notary Public, residing at Lewisville, Ida
My commission expires 9-2-62
(Seal)

Signed X Dana B. Ellsworth Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewisville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of May, 1962

Notary Public, residing at Lewisville, Ida
My commission expires 9-2-62
(Seal)

Signed X Elizabeth B. Harker
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5-4-62. one copy pd. rec. #10456.

MAY 29 1962

JUL 13 1971

618-124-022-192

PLACE OF BIRTH

County of Truman

City of Rigby

No. ..... St.

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11505

Primary Registration District No. 2840 Registered No. 47

Hospital .....

FULL NAME OF CHILD Allan Edwin Wahlgren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Jan 26 1913

FATHER		MOTHER	
FULL NAME	W. J. Wahlgren	FULL MAIDEN NAME	Elsie Prescott
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Finland	BIRTHPLACE	Canada
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or Midwife)

Address Rigby Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 30 1913 Ray H. Fisher Registrar

a m d

8-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 28 1975

862-206-022-466

PLACE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11506

Primary Registration District No. 2040 Registered No. 46

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 6 1913

FATHER		MOTHER	
FULL NAME	Geo Hadley	FULL MAIDEN NAME	Eunice Mason
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

(Physician or midwife)

Address Rigby R 1

Given names added from a supplemental report

..... 19.....

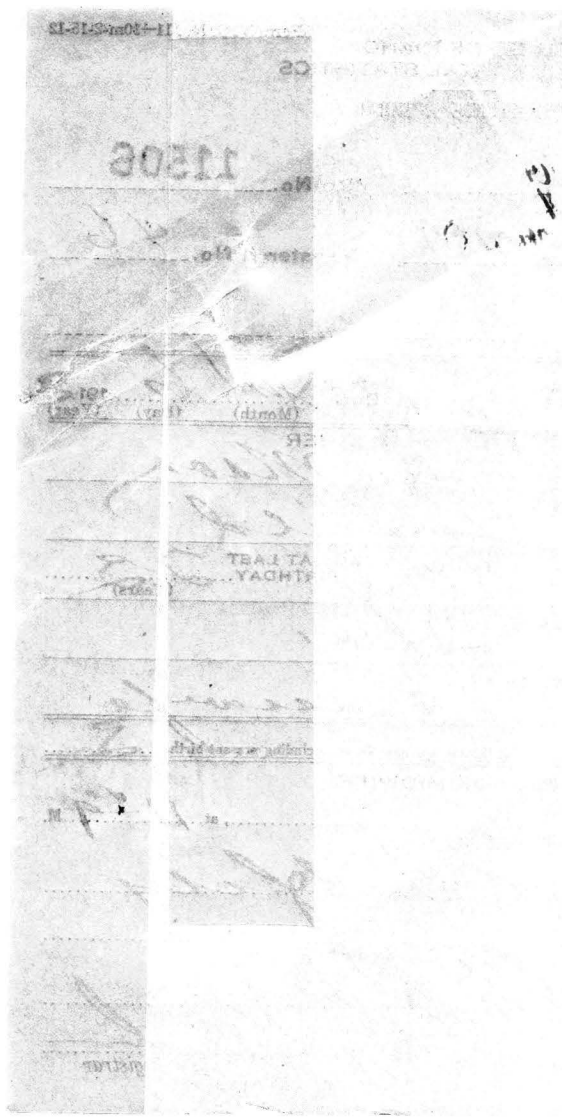
Filed Feb 10 19 13 Reg A Gish Registrar

..... Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

366-116-022-234

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11507

Primary Registration District No. 2040 Registered No. 50

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth
M			Yes	Jan 10 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm G. Lewis	FULL MAIDEN NAME	Anna H. Klugkist
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Holland
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or Midwife)

Address Rigby, Ida.

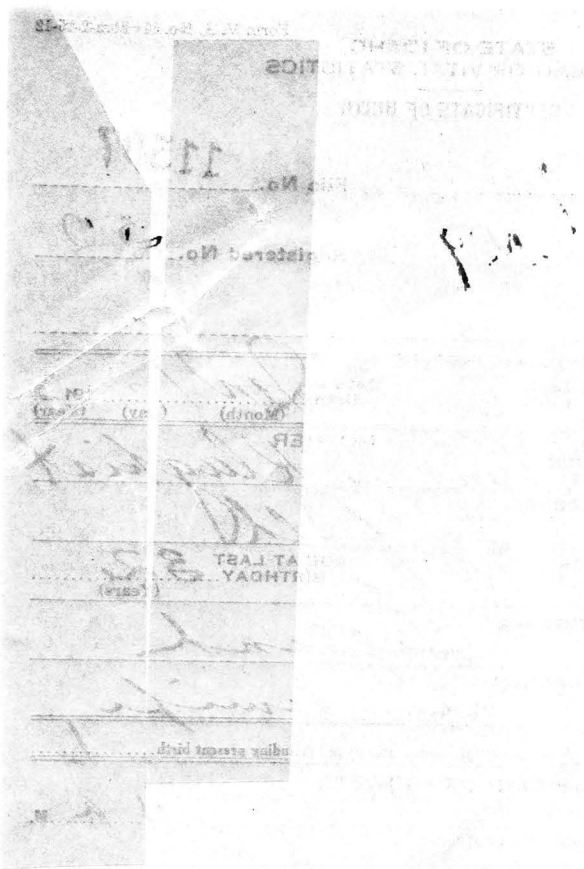
Given names added from a supplemental report

..... 19.....

Filed 2-10 1913 Registrar

..... Registrar

S-Y CO. 20175



154.107.022-759

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Registration District No. 9 File No. 11508

Primary Registration District No. 2040 Registered No. 54

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Jan 7 1913

FATHER		MOTHER	
FULL NAME	James Anderson	FULL MAIDEN NAME	Maud Curry
RESIDENCE	Clark Ida	RESIDENCE	Clark Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Fullmore (Physician or midwife)

Address Lorenzo Ida

Given names added from a supplemental report

..... 19.....

Filed 2-10 1913 Ruth Fisher Registrar

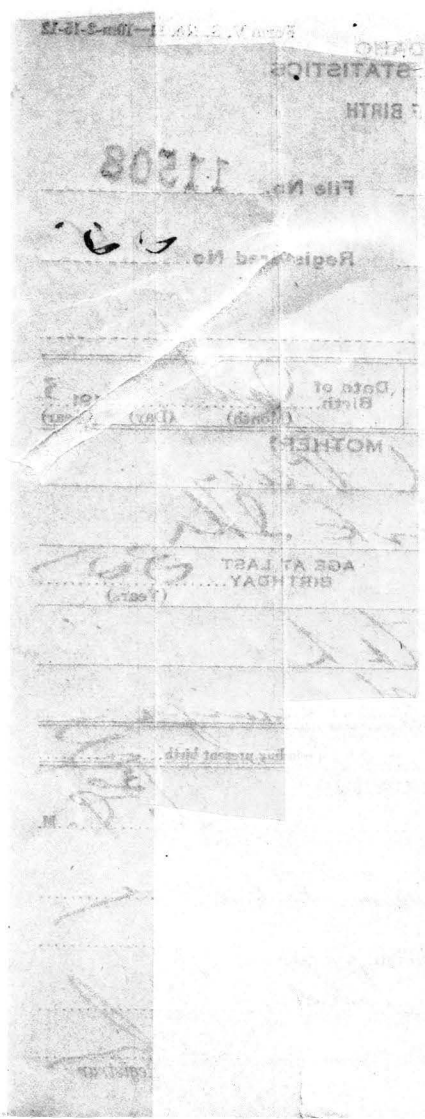
..... Registrar

AMD

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



864.214.022-65)

PLACE OF BIRTH

Amended 7-16-56

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11509

Primary Registration District No. 2040 Registered No. 55

FULL NAME OF CHILD Dorthy May Young
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 14 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

FATHER	MOTHER
FULL NAME: Andrew Young	FULL MAIDEN NAME: Jane Weaverling
RESIDENCE: Rudy	RESIDENCE: Rudy
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) C. A. Fillmore

..... (Physician or midwife)

Address Lorenzo, Ida.

Filed 2 - 16 1913 Ray H. Fisher Registrar.

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

Registration District No. 9 File No. 11509

Primary Registration District No. 2040 Registered No. 55

FULL NAME OF CHILD Dorothy May Young

Sex of Child F | Twin, Triplet or other? | and Number in order of birth | Legitimate? Yes | Date of Birth June 16 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Andrew Young

RESIDENCE Rudy

COLOR W AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Jane Weaverling

RESIDENCE Rudy

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Dillmore

(Physician or midwife)

Address Lorenzo Ida

Given names added from a supplemental report

..... 19.....

Filed 2-10 19 13 Roy A. Jenkins Registrar

..... Registrar

amp

8-Y CO. 20178

JUL 17 1956

JUN 27 1956

RECEIVED
JUL 11 1956
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 11509

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Doritha May Young (Name on Original Certificate) who was born (Was Born or Died) on January 14, 1913 (Date of Event)
in Rudy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Social Security Card, Family record (Bible Record, Insurance Policy, Etc.) prepared on Jan. 14, 1913 (Give Date) Certificate of Blessing Mar. 2, 1913 are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Doritha May	Dorthy May Young

Subscribed and sworn to before me this 9th day of July, 1956

Anna M Lake
Notary Public, residing at Idaho Falls, Idaho
My commission expires 6-1-59
(Seal)

Signed Priscilla J. Young
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby # 2 Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bonneville } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

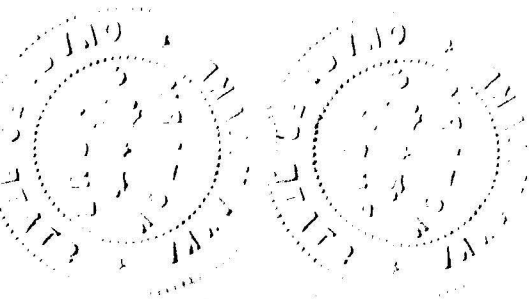
Subscribed and sworn to before me this 10th day of July, 1956

Anna M Lake
Notary Public, residing at Idaho Falls, Idaho
My commission expires 6-1-59
(Seal)

Signed Mrs. Doris Raymond
(Signature of Any Credible Person)

331 Basalt St. Idaho Falls, Idaho
(Street Address, City, State)

FORM DPH 55.153



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF BIRTH

City of St Maries — Registration District No. 17 — File No. 1510

No. ..... St. — Primary Registration District No. 2049 — Registered No. 314

Hospital St Maries

FULL NAME OF CHILD Marcia Grace Roland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F			Yes	Jan 1 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Earl B Roland

RESIDENCE: St Maries

COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Merchant

MOTHER

FULL MAIDEN NAME: Lua Johnson

RESIDENCE: St Maries

COLOR: White — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Washington

OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. at 10 20 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Cornwall

(Physician or ~~midwife~~)

Address St Maries

Filed 2/10 1913 D D Freeman Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JUN 10 1958

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

U[illegible]-201-037-631

[illegible] OF HEALTH

[illegible] of Kootenai

BUREAU OF VITAL [illegible]

CERTIFICATE OF BIRTH

City of Coeur d'Alene — Registration District No. 12 — File No. 11511

No. ____ St. — Primary Registration District No. 1003 — Registered No. 315

Hospital ____

FULL NAME OF CHILD Vivian Alma Mann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		11	Yes	1 — 1 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Lester Mann	Viola Martha Hoke
RESIDENCE	Coeur d'Alene Idaho	Coeur d'Alene Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	25
BIRTHPLACE	Ark	Kansas
OCCUPATION	Machinist	None

Number of child of this mother, including present birth 11 — Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] (Physician or midwife)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 7/10 1913 D. D. Truman
Registrar

R-Y CO. 20174

Certified Copy issued October 22, 1940. E.W.

331-103-028-841

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of St Maries

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 — File No. 11512

Primary Registration District No. 2049 — Registered No. 316

FULL NAME OF CHILD Howard Dwayne Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Jan 3 1913

	FATHER	MOTHER
FULL NAME	Clayton A Clark	FULL MAIDEN NAME Gladys Dwayne
RESIDENCE	St Maries	St Maries
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Minnesota	Utah
OCCUPATION	Loco. Engr.	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:15 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Blanchard

(Physician or midwife)

Address St Maries

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/10 1913 A D Brannan Registrar

S-Y CO. 20174

OCT 3 1974

639.107.028-142

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fentress

City of Pathdrum

Registration District No. 2051 File No. 11513

No. ..... St.

Primary Registration District No. 14 Registered No. 317

Hospital .....

FULL NAME OF CHILD Harry H Olin

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Jan 7 1913

FATHER		MOTHER	
FULL NAME	Harry Olin	FULL MAIDEN NAME	Lizzie Ackers
RESIDENCE	Pathdrum	RESIDENCE	Pathdrum
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	Ky.
OCCUPATION	Labour Day	OCCUPATION	Hse.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Olin (Born alive or stillborn), at 7 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L L Freeman

Physician (Physician or midwife)

Address Pathdrum

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 1913 L L Freeman Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dupont 1913 - 443669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

City of Post Falls R.F.D. #1

Registration District No. 12 File No. 11514

No. ____, ____ St.

Primary Registration District No. 2051 Registered No 318

Hospital ____

FULL NAME OF CHILD Helen Fay Casey

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 9, 1913

FATHER	MOTHER
FULL NAME Pleasant Casey	FULL MAIDEN NAME Alma Bates
RESIDENCE Post Falls R.F.D.	RESIDENCE "
COLOR W	AGE AT LAST BIRTHDAY 30 (Years)
COLOR W	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Ark	BIRTHPLACE Ark.
OCCUPATION Rancher	OCCUPATION H. W.

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L L Freeman M.D. (Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 1/10 1913 L L Freeman Registrar

S-Y CO., 16670

K

FEB 11 1957

NOV 21 1974

DECEASED

243-116-028-243

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-25-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Coeur d' Alene Registration District No. 12 File No. 11515

No. _____ St. Primary Registration District No. 1003 Registered No. 318

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	1 16 1913

FATHER	MOTHER
FULL NAME Joseph A Britton	FULL MAIDEN NAME Estella Rentsch
RESIDENCE C & O	RESIDENCE Coeur d Alene
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 43 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Denver	BIRTHPLACE Iowa
OCCUPATION Labor	OCCUPATION None

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Shepherd M D

(Physician or midwife)

Address Coeur d Alene

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 7/10 1913 L L Freeman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1913 - DE81-444

695-11-7028-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Hansen

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17

File No. 11510

Primary Registration District No. 2057

Registered No. 319

FULL NAME OF CHILD Harold Edwin Fritz

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	Yes	Jan 17. 1901.

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles J. Fritz	Barbara Liebl
RESIDENCE	Hansen Idaho	Hansen, Idaho.
COLOR	white	whit
AGE AT LAST BIRTHDAY (Years)	41	35
BIRTHPLACE	Minn.	Germany
OCCUPATION	Coal shute tender	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wenz

Physician (Physician or Midwife)

Address Rathdrum Ida.

Filed 2/10 1901 L. D. Drennan Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

319-117-028-955

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Ferrell

Registration District No. 12

File No. 11517

No. ____, ____ St.

Primary Registration District No. 2049

Registered No. 320

Hospital

FULL NAME OF CHILD Daniel Victor Carlson

Sex of Child: Male	Twin, Triplet, or other? Single (To be answered only in event of plural births)	Number in order of birth: 3	Legitimate? Yes	Date of birth (Month) Jan (Day) 17 (Year) 1913	

FATHER		MOTHER	
FULL NAME	Fred Carlson	FULL MAIDEN NAME	Ella J. Iverson
RESIDENCE	Ferrell	RESIDENCE	Ferrell
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Sweden	BIRTHPLACE	Minnesota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Lindsay

Physician

(Physician or Midwife)

Address St Joe Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/10 1913 O. O. Iverson

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

519-218-028-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Post Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11518

Primary Registration District No. 2057 Registered No. 321

FULL NAME OF CHILD Dorothy Elizabeth Earin

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1	and	Yes	Jan 18 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur L Earin	FULL MAIDEN NAME	Ethel M C Conbrey
RESIDENCE	Spirit Lake Ida	RESIDENCE	Spirit Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Elgin Ill	BIRTHPLACE	Choquet Minn
OCCUPATION	Chief Engineer Spokane & Inl Ry Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5 P M. on the date above stated.

(Signature) Earle D Prindle M D

(Physician or midwife)

Address Post Lake

Filed 2/10 1913 L L Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 8 1974

632-118-028-319

Amended 6/24/75

Form V. S. No. 11-C

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Registration District No. 17

File No. 11519

Primary Registration District No. 2051

Registered No. 322

Hospital .....

FULL NAME OF CHILD Arthur L. Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Sing		yes	1 - 1 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. R. Olsen	Laura Larson
RESIDENCE	Post Falls	Post Falls
COLOR	W	W
AGE AT LAST BIRTHDAY	33 (Years)	28 (Years)
BIRTHPLACE	Norway	Norway
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Harris L. Moore M.D.

(Physician or midwife)

Address Post Falls, Ida.

Given names added from a supplemental report

..... 19.....

Filed Feb 10 1923 A. D'Brennan

..... Registrar

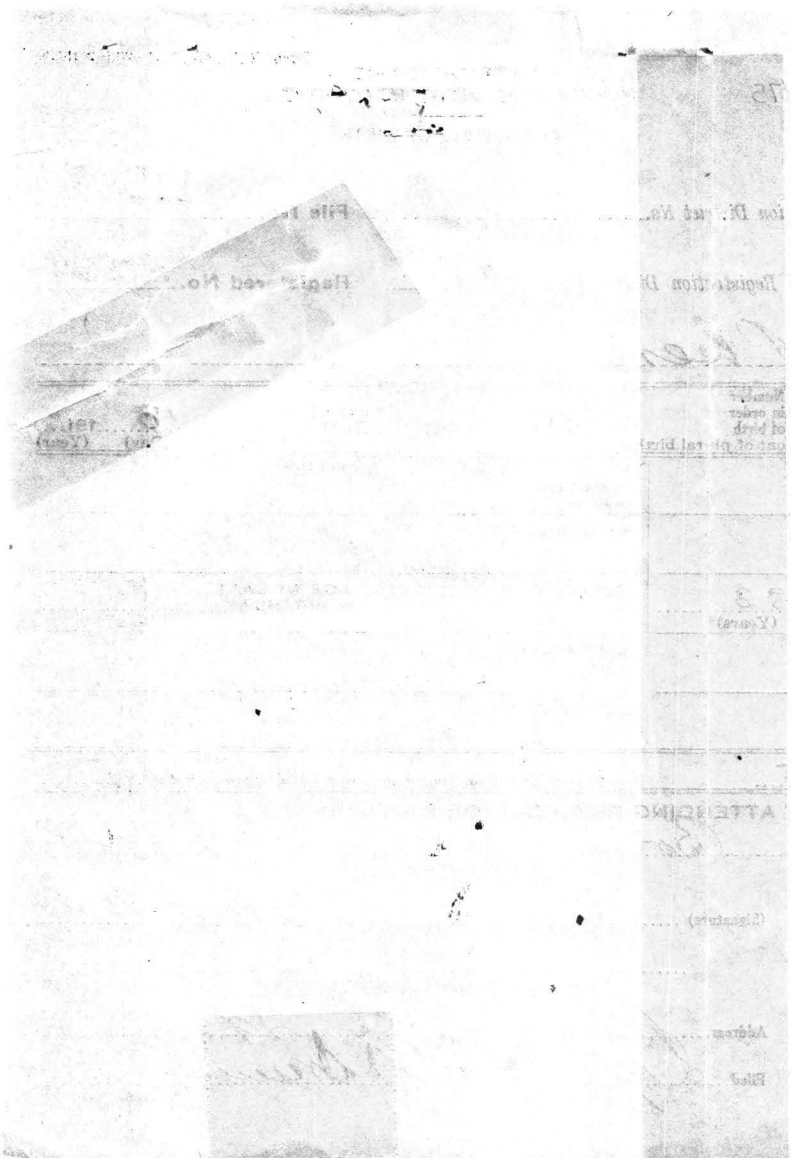
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



OFFICIAL SEAL
PATSY ROGERS
NOTARY PUBLIC-CALIFORNIA
FRESNO COUNTY
My Commission Expires Mar. 28, 1975

10-15-74

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUN 3 | 03 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Calif } ss.
County of Fresno

Certificate No. 11519
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Olson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 19, 1913 (Date of Event)
in Spirit Lake, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	unnamed Olson	Arthur L. Olsen
Father's last name	Olson	Olsen
Date of birth	January 19, 1913	January 18, 1913

Subscribed and sworn to before me this 11th day of Nov, 1974

Patsy Rogers

Notary Public, residing at 2611 So Cedar Ave Fresno, Ca

My commission expires

(Seal)

Signed Harold M. Olsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2365 So. Deaming Fresno Calif 93725
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Snohomish

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of April, 1975

Notary Public, residing at Snohomish

My commission expires 12-15-77

(Seal)

Signed LaVerne M. Mossman
(Signature of Any Credible Person)

6707 Casey Rd Everett Wa
(Street Address, City, State)

Enlisted Record And Report of Separation - Honorable Discharge gives name as Arthur L. Olsen born January 18, 1913, in Spirit Lake, Idaho. Separateion date November 30, 1945.

JUN 2 5 1975

Viewed by V.S.

Social Security Card issued to Arthur L. Olsen gives name as Arthur O. Olsen by the Social Security Administration. # 532 18 4684. Card issued 1940's. Viewed by V.S.

296-125-028-141

PLACE OF BIRTH

County of [illegible]

City of Rose Lake

No. ____, ____ St.

Hospital Residence

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Rev. 6-20-11

Registration District No. 12 File No. 11520

Primary Registration District No. 2118 Registered No. 823

FULL NAME OF CHILD Henry Willis Brown

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	/	V	yes	January 25 1913

FATHER		MOTHER	
FULL NAME	John B Brown	FULL MAIDEN NAME	Eliza L Adams
RESIDENCE	3 Miles S of Rose Lake Ida	RESIDENCE	3 Miles S of Rose Lake Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Whitman Co Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth V

Number of children, of this mother, now living, including present birth V

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Winfrey M.D.

(Physician or Midwife)

Address Rose Lake

Given names added from a supplemental report

....., 19.....

Filed 2/10 19 13 J. D. Freeman

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

695-126-028-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Corbin

No. ____, ____ St.

Hospital ____

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 11521

Primary Registration District No. 2057 Registered No. 324

FULL NAME OF CHILD George Henry Fredenburg

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
male		Yes	January 26, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	D. W. Fredenburg	Maud Williams
RESIDENCE	Corbin	Corbin,
COLOR	White	white
AGE AT LAST BIRTHDAY (Years)	44	36
BIRTHPLACE	Minn.	Minn.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Frank Wing

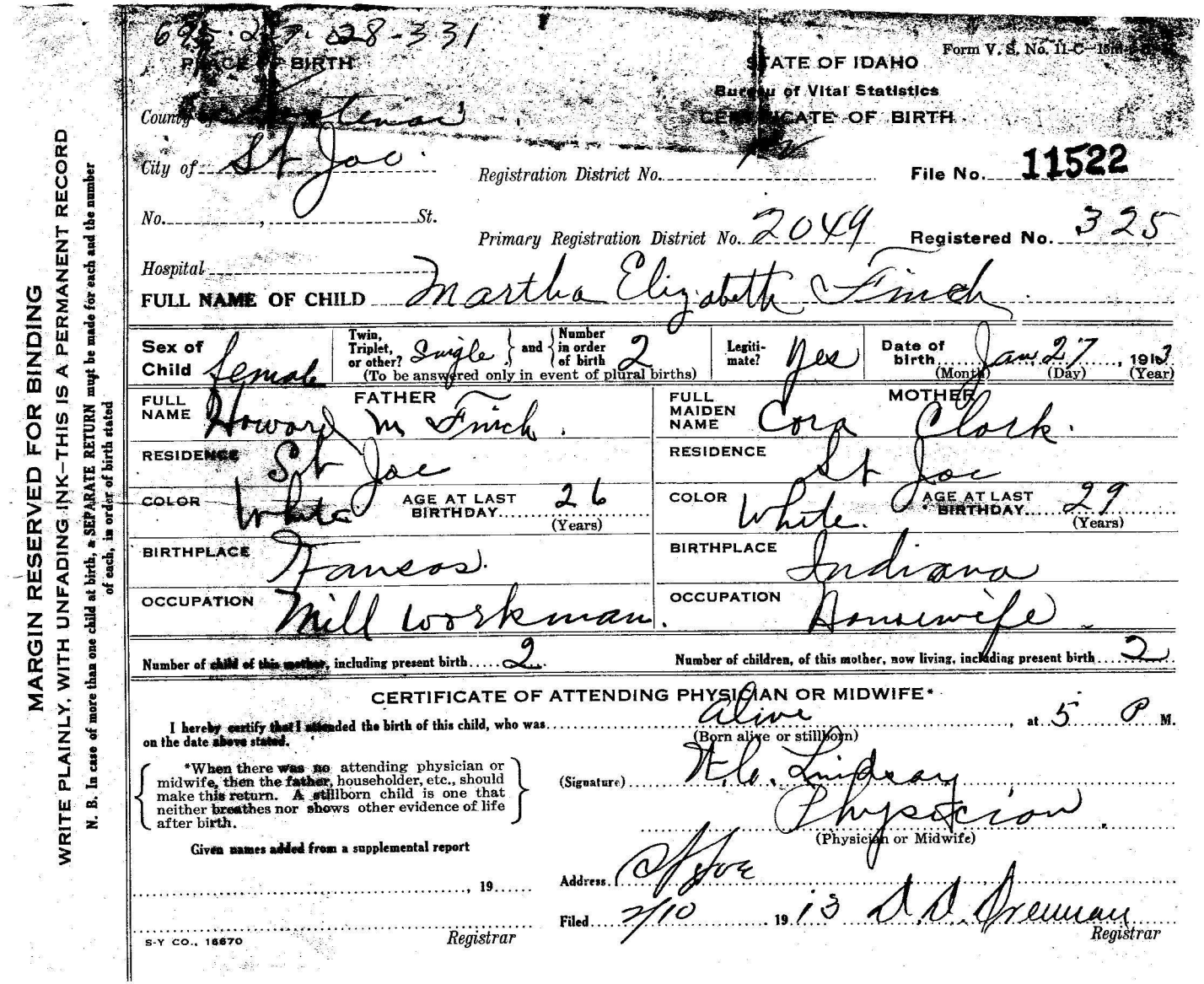
Physician
(Physician or Midwife)

Address Rathdrum Idaho

Filed 2/10 1913 L. L. Brennan
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

JUL 2 1975



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PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—16m-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Benewah

City of St Joe

Registration District No. [illegible] File No. 11522

No. [illegible], St.

Primary Registration District No. 2049 Registered No. 325

Hospital

FULL NAME OF CHILD Martha Elizabeth Finch

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
female	Single (To be answered only in event of plural births)	2	Yes	January 27 (Month) (Day), 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Howard M Finch	Cora Clark
RESIDENCE	St Joe	St Joe
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	29
BIRTHPLACE	Kansas	Indiana
OCCUPATION	Mill workman	Home wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. L. Lindsay

Physician (Physician or Midwife)

Address St Joe

Given names added from a supplemental report

....., 19.....

Filed 3/10 19 13 A. D. Freeman

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 1960

125-653

Form V. S. No. 11-C—Rev. 1-7-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 6 4

File No. 1128

No. 117 14 - 13 Chr

Primary Registration District No. 1009

Registered No. 1

Hospital

FULL NAME OF CHILD Russell E. Strong

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male				Jan 17 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Edward E Strong	FULL MAIDEN NAME Bessie C Blake
RESIDENCE	Lewiston Idaho	RESIDENCE Lewiston Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE Kansas
OCCUPATION	Carpenter	OCCUPATION House Keeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Feb. 20 19. 13 L. J. Perkins Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 4 File No. 1125

PLACE OF BIRTH

Hospital

FULL NAME OF

Color or race

NAME

RESIDENCE

COLOR

OCCUPA

Number of

Given names added from a supplemental report

Address

Registrar

Registrar

134-103-095-819

PLACE OF BIRTH

County of Nezperce

City of Gifford Ida.

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-25-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11524

Primary Registration District No. 2074 Registered No. 2

FULL NAME OF CHILD Chas Henry Aldrich

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	Single	One	yes	Jan. 3, 1913

FATHER		MOTHER	
FULL NAME	Henry Aldrich	FULL MAIDEN NAME	Velma Hazen
RESIDENCE	Gifford, Idaho	RESIDENCE	Gifford Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	~~Nor~~ Oregon	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Home Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 2 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington Jr M.D.

(Physician or Midwife)

Address Gifford Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-1 1913 E. E. Watts

Feb 20-1913- d.g. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

859-230-035-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nezperce

City of Gifford

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11525

Primary Registration District No. 2074 Registered No. 3

FULL NAME OF CHILD Herta Hedwig Hermine

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Single	8	Yes	Jan 30th 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	August Graebner	FULL MAIDEN NAME	Pauline Harms
RESIDENCE	Gifford, Idaho.	RESIDENCE	Gifford, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Germany	BIRTHPLACE	Missouri
OCCUPATION	Minister.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 7 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Address Gifford, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Filed 2-1 1913 E. E. Watts Registrar

Feb. 20-1913-L. J. Perkins

OCT 10 1958

343-103-035-281

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____ St.

Hospital St. Joseph's

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16

File No. 11526

Primary Registration District No. 1009

Registered No. 4

FULL NAME OF CHILD Linwood Sharp Cullens

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 3, 1913

FATHER		MOTHER	
FULL NAME	Linwood Sharp Cullens	FULL MAIDEN NAME	Sallie Sharp
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	North Carolina	BIRTHPLACE	North Carolina
OCCUPATION	Salesman Jewelry	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P. M. on the date above stated.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Filed Feb. 20 1913 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

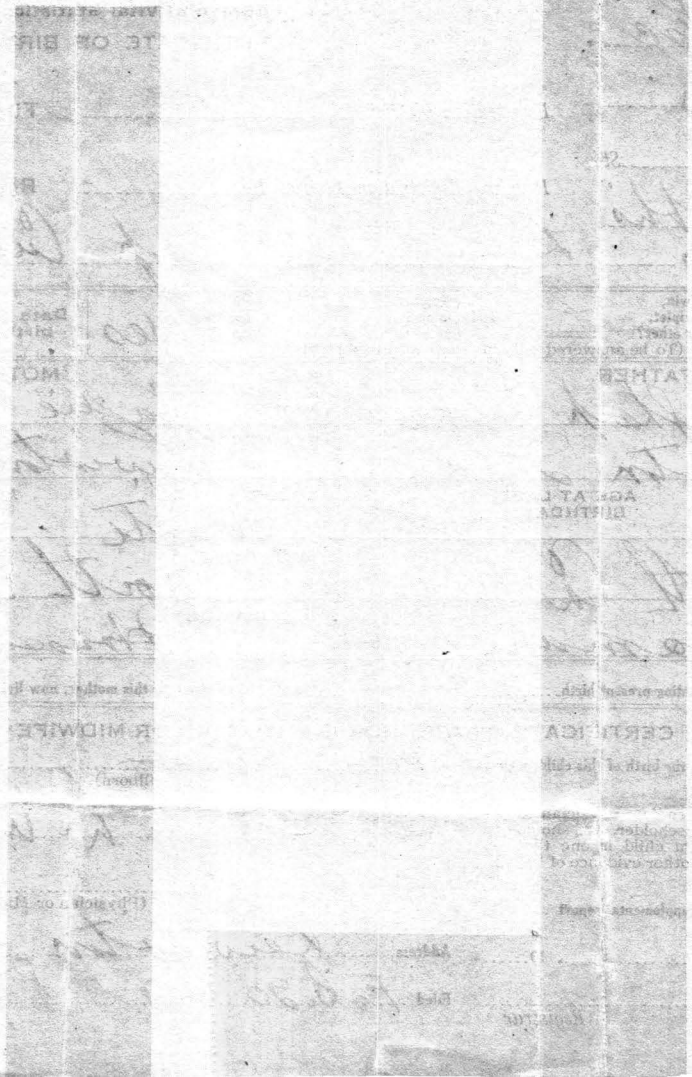
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



265-103-035-8/2

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 836 Main St.

Registration District No. 16 File No. 11527

Primary Registration District No. 1009 Registered No. 5

Hospital

FULL NAME OF CHILD Clyde Irvin Sweet

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		one	yes	January 3, 1913

	FATHER	MOTHER
FULL NAME	Roy Sweet	FULL MAIDEN NAME Bessie May Hassler
RESIDENCE	Julietta Idaho	RESIDENCE Juliaetta Idaho
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE Iowa
OCCUPATION	farmer	OCCUPATION Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 1/2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Inman M.D.*

Lewiston Idaho. (Physician or Midwife)

Given names added from a supplemental report

....., 19..... Address .....

Filed Feb. 20 1913 L. J. Perkins Registrar

S-Y CO., 16670 Registrar

* He is not an M.D. He is a graduate from the Idaho Supreme Court

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

11-13-41

212-204-035-249

PLACE OF BIRTH

County of Nez Perce

City of Southwick

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11528

Primary Registration District No. 2076 Registered No. 6

FULL NAME OF CHILD Zola Viola Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	/	3	yes.	Jan 4 1913

FATHER		MOTHER	
FULL NAME	George D Baker	FULL MAIDEN NAME	Landas Smith
RESIDENCE	Southwick Idaho	RESIDENCE	Southwick
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	California	BIRTHPLACE	South Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Stonebraker M.D.
(Physician or midwife)

Address Leland Idaho

Given names added from a supplemental report

....19....

Registrar

Filed Feb 1, 1913

Feb 26 - 1913 - L. J. Perkins
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1942
FEB 2 1943

213-210-0035-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Nez Perce

City of Southwick

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11529

Primary Registration District No. 2076 Registered No. 7

FULL NAME OF CHILD Lulah Baldwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (1913 (Year)
Female			yes	2 10

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Baldwin	Orpha Gorge
RESIDENCE	Southwick	Southwick
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	49	32
BIRTHPLACE	Canada	Kansas
OCCUPATION	Minister	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____, at ____ M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm Baldwin
Father
(Physician or Midwife)

Address Southwick Idaho

Given names added from a supplemental report

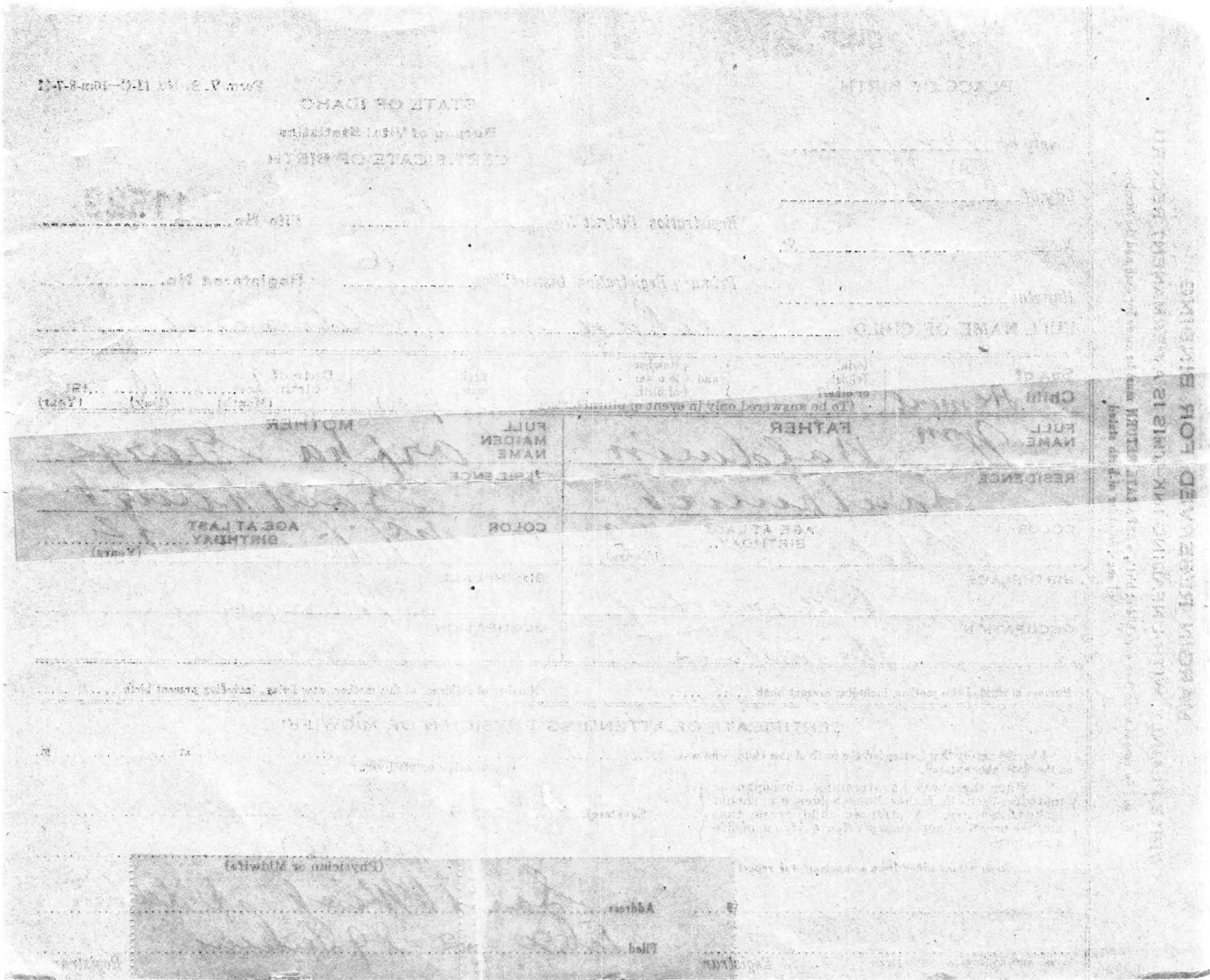
____, 19____

Filed Feb 20 1913 L J Perkins

____ Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328



285.112.035-656

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11530

Primary Registration District No. 1009 Registered No. 8

FULL NAME OF CHILD Frederick Joseph Shelton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male		1	Yes	Jan 12th (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME F J Shelton	FULL MAIDEN NAME Margrot Fewer
RESIDENCE Lewiston	RESIDENCE Lewiston Ida
COLOR White	COLOR W
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Summerset Ky	BIRTHPLACE Ireland
OCCUPATION Asst Messenger	OCCUPATION Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 7- 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C Monroe M.D

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Feb. 20 19 13 S. J. Perkins

S-Y CO., 16670 Registrar

Registrar

APR 26 1963

SEP 23 1975

855-107-035-493

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 16 File No. 11531

No. ....., ... St.

Primary Registration District No. 2073 Registered No. 9

Hospital .....

FULL NAME OF CHILD George M Henderson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Jan 7, 1913

FATHER		MOTHER	
FULL NAME	Claude R Henderson	FULL MAIDEN NAME	Esther B Miles
RESIDENCE	Culdesac	RESIDENCE	Culdesac
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted] H Ragsdale

(Physician or ~~Midwife~~)

Address Culdesac Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 20 1913 [redacted] H Ragsdale Registrar

Feb. 20-1913 J. H. Ragsdale

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 25 1942

SEP 16 1947

318-209-035-715

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 10

File No. 11532

No. ____, ____ St.

Primary Registration District No. 2073

Registered No. 10

Hospital ____

FULL NAME OF CHILD Rachel I Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	✓	2	Yes	Jan 9, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Taylor	Irene Isaac
RESIDENCE	Culdesac	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	23
BIRTHPLACE	Iowa	Ore
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 1 P.M. on the date above stated.

(Signature) J H Ragsdale

(Physician or Midwife)

Address Culdesac

Filed Jan 20 19 13

Registrar

Feb. 20-1913-L.J. Perkins

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

BIRTHDAY (Year)	BIRTHDAY (Year)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

449-111-035-217

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Key Perce

City of Rest Reubens — Registration District No. 16 — File No. 11533

No. ____ St. — Primary Registration District No. 2073 — Registered No. 11

Hospital ____

FULL NAME OF CHILD Carroll Eugene Muir

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Jan. (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Edgar Muir	FULL MAIDEN NAME	Verda Sage
RESIDENCE	Reubens	RESIDENCE	Reubens
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George Gaisned
Physician
(Physician or midwife)

Given names added from a supplemental report

____ 19____

____ Registrar

Address ____

Filed Feb. 20 1913 L. J. Perkins Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 20 1965 Bureau of Vital Statistics

State of Washington } ss.
County of Whitman }

Certificate No. 11533

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Muir (male child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 11, 1913 (Date of Event)
in near Reubens, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Birth Cert. of daughter Margaret Kathleen Muir 2-25-43
Selective Service Application for Ins. Great NW Life Ins. Co. #12-4132 are:
(Bible Record, Insurance Policy, Etc.) Idaho Hunting & Fishing Lic. (Date) 1-30-65

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Carroll Eugene Muir

Subscribed and sworn to before me this 9th day of December 19 65

Annabelle Schmidt
Notary Public, residing at Pullman
My commission expires Dec. 15, 1968
(Seal)

Signed Edgar E. Muir
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

120 South St Pullman, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whitman }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of December 19 65

Annabelle Schmidt
Notary Public, residing at Pullman
My commission expires Dec. 15, 1968
(Seal)

Signed Edgar E. Muir
(Signature of Any Credible Person)

220 Inez St. Pullman, Wn.
(Street Address, City, State)

FORM DH 60-155 CL 10-29-65. nm

Cert. Copy of Own Child's Birth Cert., State of Washington, County of Asotin, cert. copy issued Dec. 6, 1965 gives full name as Margaret Kathleen Muir, born Feb. 15, 1943 at Rural Asotin, Washington to Carroll Eugene Muir and Emma Allene Roberts - viewed by V.S.

JAN 3 1966

Application for Insurance, Great Northwest Life Insurance Co., dated Feb. 27, 1940 gives full name as Carroll E. Muir, born Jan. 11, 1913 in Idaho - viewed by V.S.

Washington Motor Vehicle Operator's License, expires Jan. 11, 1967 gives full name as Carroll Eugene Muir, born Jan. 11, 1913 - viewed by V.S.

755-21035-389

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

No. ____, ____ St.

Hospital ____

Registration District No. 16

File No. 11534

Primary Registration District No. 2073

Registered No. 12

FULL NAME OF CHILD Audrey May Beer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.	V	2	Yes	Jan 13, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Sherman Beer	May Chitwood
RESIDENCE	Culdesac	Culdesac
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Ohio	Texas.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 9 P. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Ragsdale

Culdesac

(Physician or Midwife)

Given names added from a supplemental report

____ 19____

____ Registrar

Address ____

Filed Jan 30 1913 Feb. 20-1918 J. A. Ragsdale Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 1943

449-115-035-000

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Registration District No. 16 File No. 11535

No 1922, Caron Ave Primary Registration District No. 1007 Registered No. 13

Hospital

FULL NAME OF CHILD Louis arthur Malfi-(Murphy)

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	—	—	Yes	Jan 15, 1913 (Month, Day, Year)

FATHER		MOTHER	
FULL NAME	Frank Malfi (Murphy)	FULL MAIDEN NAME	
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Filed Feb. 20 1913 L. J. Reibau Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2 no mother

437-215-055-495

Amended 12-13-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11536
Local Reg. No. 14
Reg. Dist. No. 16

1. PLACE OF BIRTH
a. COUNTY: Nez Perce
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lapwai
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lapwai
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lodia
b. (Middle): Manie
c. (Last): McGrath

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): January 15, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Charles
b. (Middle): James
c. (Last): McGrath

8. AGE (At time of this birth): 44 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): South Dak.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Marie
b. (Middle):
c. (Last): Mrnous

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Germany

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John N. Alley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS:

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 20, 1913

22. REGISTRAR'S SIGNATURE: L.J. Perkins

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL
CERTIFICATE OF BIRTH OR DEATH

State of Idaho)
) ss.
County of Nez Perce)

Certificate No. 11536

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of Birth for Maria McGratte, who was born on January 15, 1913, in Lapwai, Idaho, are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record prepared as follows:

FACTS TO BE CORRECTED	FROM	TO
Full Name of Child	Maria McGratte	Lodia Manie McGrath
Child's Date of Birth	January 15, 1913	January 15, 1913
Father's Full Name	James McGratte	Charles James McGrath
Full Maiden Name of Mother	Myra ?	Marie Mrnous

Subscribed and sworn to before me this 16th day of December, 1966. Signed Marie McGrath

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at
Nezperce, Idaho
My commission expires 3/7/67

_____
(Street Address, City, State)

one copy pd. rec. #15378.

RAPAICH & KNUTSON
LAWYERS
PORTER BUILDING
LEWISTON, IDAHO
MILLER BUILDING
NEZPERCE, IDAHO

Not. photo copy of Page from Family Register, appears old and unaltered gives full name as Lodia Manie McGrath, born Jan. 15, 1913 at Lapwai, Idaho - viewed by V.S.

Another child's birth certificate on file: (Idaho Birth) #59761 gives full names as Chas. J. McGrath and Marie Mrnous - viewed by V.S.

Another Child's Birth Cert. onfile: (Idaho Birth) #331829 gives full name of parents as Charles James McGrath and Marie Mrnous - viewed by V.S.

Notarized Photo Copy of Page from Family Bible titled Register of Marriages, appears dd and unaltered gives full names as Charles James McGrath and Marie Mrnous, married April 7, 1906 at Lewiston, Idaho - viewed by V.S.

Certificate of Membership, Delta Delta Delta Fraternity, Moscow, Idaho, initiated April 30, 1932 by OT Chapter - gives full name as Lodia Manie McGrath - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C-1-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11536

Primary Registration District No. 2117 Registered No. 16

FULL NAME OF CHILD Maria McGrath

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		3	Yes	Jan 15 1913

	FATHER	MOTHER
FULL NAME	James McGrath	Myra Quick
RESIDENCE	Lapwai	Lapwai
COLOR	W	
AGE AT LAST BIRTHDAY (Years)	41	24
BIRTHPLACE	South Dakota	Kansas
OCCUPATION	Farmer	Farmers wife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley

John N. Alley

(Physician or Midwife)

Given name added from a supplemental report

John N. Alley, 19....

Address ____

Filed Feb. 20 1913 L. J. Perkins

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 30 1966

DEC 13 1967

548-115-035-414

PLACE OF BIRTH

County of Nezperce

City of Gifford

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—16m-6-20-11

Registration District No. 16 File No. 11537

Primary Registration District No. 2014 Registered No. 15

FULL NAME OF CHILD Leslie Roswell Eddy

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	Single	One	yes	Jan. 15th (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Eddy	FULL MAIDEN NAME	Lola Madill
RESIDENCE	Vancouver B. C.	RESIDENCE	Vancouver, B. C.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Missouri
OCCUPATION	Broom-Maker	OCCUPATION	Home Wife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 8-45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Hannington

Physician & Surgeon

(Physician or Midwife)

Address Gifford, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-1 1913 Eg E. Watts

Feb. 20-1913 - L Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 0 1972

295.117.035-966

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No. 754 5th ave E St.

Registration District No. 16 File No. 11539

Primary Registration District No. 1009 Registered No. 17

Hospital

FULL NAME OF CHILD William Eugene Brearley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		one	yes	January 17, 1913

FATHER		MOTHER	
FULL NAME	Charles N Brearley	FULL MAIDEN NAME	Van Dright Rowley
RESIDENCE	754 5th ave E	RESIDENCE	754 5th ave E
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Portland Oregon
OCCUPATION	Music Teacher	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. January 17, (Born alive or stillborn) at 2:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Brennan M.D.

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 20 1913 L. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 20 1953

412-120-035-893

PLACE OF BIRTH

County of Nezperce

City of Summit Ida.

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11540

Primary Registration District No. 2074 Registered No. 18

FULL NAME OF CHILD Harold ____

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	3	Yes	Jan 30th 1913

FATHER	MOTHER
FULL NAME Benjamin R. Mason	FULL MAIDEN NAME Hope Hill
RESIDENCE Summit Idaho.	RESIDENCE Summit Ida.
COLOR White	AGE AT LAST BIRTHDAY 42. (Years)
COLOR White	AGE AT LAST BIRTHDAY 32. (Years)
BIRTHPLACE Iowa	BIRTHPLACE Washington
OCCUPATION Farmer.	OCCUPATION Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 10-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Herrington M.D.

(Physician or midwife)

Address Gifford Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-1 1913

E. E. Watts

Registrar

Feb. 20-1913-L. J. Eubanks

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

034/12-035-993

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11541

Primary Registration District No. 2117 Registered No. 19

FULL NAME OF CHILD Woodrow Wilson Olds

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		4	yes	Jan 22 1913

FATHER		MOTHER	
FULL NAME	Wm. W. Olds	FULL MAIDEN NAME	Nellie Rich
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	W	AGE AT LAST BIRTHDAY (Years)	44
COLOR	W	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kan	BIRTHPLACE	Kan
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Wm. W. Rossalia, at 12 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Olds

(Physician or Midwife)

Address Lapwai

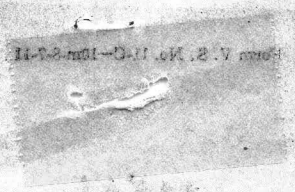
Filed Feb 20 19 13 L. J. Perkins Registrar

Given names added from a supplemental report

John N. Olds 19 .....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



PLACE OF BIRTH 795-122.035-795

STATE OF [illegible]

Form V. S. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Weld

City of Louisville

No. 329, 6th St.

Registration District No. 1c

File No. 11542

Primary Registration District No. 1009

Registered No. 96

Hospital

FULL NAME OF CHILD Oliver Percy Perry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	Single	6	Yes	Jan. 22, 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Oliver Percy Perry	Mable Gregory
RESIDENCE	Louisville	Louisville
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	33 (Years)
BIRTHPLACE	Colorado	Nebraska
OCCUPATION	Lever Manufacturer	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Morris

(Physician or ~~Midwife~~)

Address Louisville Colo.

Filed Feb. 20 1913 D. J. Perkins
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 29 1966

154-12710 35-154

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis Nez Perce

City of Lewiston

No. 1807 - 16th Ave

Registration District No. 16 File No. 11543

Primary Registration District No. 1009 Registered No. 21

Hospital

FULL NAME OF CHILD Robert Andrews

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			No.	Jan. 27 1913

FATHER		MOTHER	
FULL NAME	Not known.	FULL MAIDEN NAME	Agnes Andrews
RESIDENCE	X	RESIDENCE	Lewiston Idaho
COLOR	X	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	16
BIRTHPLACE	X	BIRTHPLACE	Lewiston Idaho
OCCUPATION	X	OCCUPATION	None

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive or stillborn~~ on the date above stated, at 9 a. m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or midwife)

Address Lewiston Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Feb 20 1913 L. J. Perkins
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 1543

81

PLACE OF BIRTH

County of

City of

RECORD

212-231-275-447

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Southwick

Registration District No. 16

File No. 11544

No. ____ St.

Primary Registration District No. 2076

Registered No. 22

Hospital ____

FULL NAME OF CHILD Betty Merle Baker.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	One	Six	yes.	Jan. 31 1913.

FATHER		MOTHER	
FULL NAME	Perry Baker.	FULL MAIDEN NAME	Nellie Douglas.
RESIDENCE	Southwick Idaho.	RESIDENCE	Southwick. Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington
OCCUPATION	machine man.	OCCUPATION	House Wife.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) J. W. Stoneburner M.D.

(Physician or midwife)

Address Leland Idaho

Filed Feb. 20 1913 J. W. Stoneburner Registrar

Feb. 20 1913 L. G. Perkins

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C-20m-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

NAME OF CHILD

RESIDENCE

BIRTHDAY

(Years)

BIRTHPLACE

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT

693.00 [redacted] 652

PLACE

Form V. S. No. 11-C—15m-6-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Dietrich

Registration District No. 2

File No. 11545

No. ____, ____ St.

Primary Registration District No. 9016

Registered No. 9

Hospital ____

FULL NAME OF CHILD Edith Wick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 9, 1913

FATHER	MOTHER
FULL NAME: Forest Milton Wick	FULL MAIDEN NAME: Winifred West
RESIDENCE: Dietrich Idaho	RESIDENCE: Dietrich Ida
COLOR: white	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Galva Ills.	BIRTHPLACE: Maquon Ills
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10-15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) D. S. Lighthall

Physician
(Physician or Midwife)

Address Dietrich Idaho

Filed 3 19 13 V. P. Killin

By JMS
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

319-04:032-319

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-30-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Dietrich

Registration District No. 5

File No. 11546

No. ....., ... St.

Primary Registration District No. 2016

Registered No. 16

Hospital .....

FULL NAME OF CHILD Frank Neal Carothers ~~Carothers~~

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	mar 4, 1913

FATHER	MOTHER
FULL NAME Edward Blaine Carothers ~~Carothers~~	FULL MAIDEN NAME Jane Sophia Carnegie
RESIDENCE Dietrich Idaho.	RESIDENCE Dietrich Ida
COLOR white	AGE AT LAST BIRTHDAY 22 (Years)
COLOR white	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Silver City Utah	BIRTHPLACE Deer Lodge Co. Montana
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) D. S. Eighthall

Physician

(Physician or Midwife)

Address Dietrich Idaho.

Filed Apr. 15 1913 V. R. Keller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

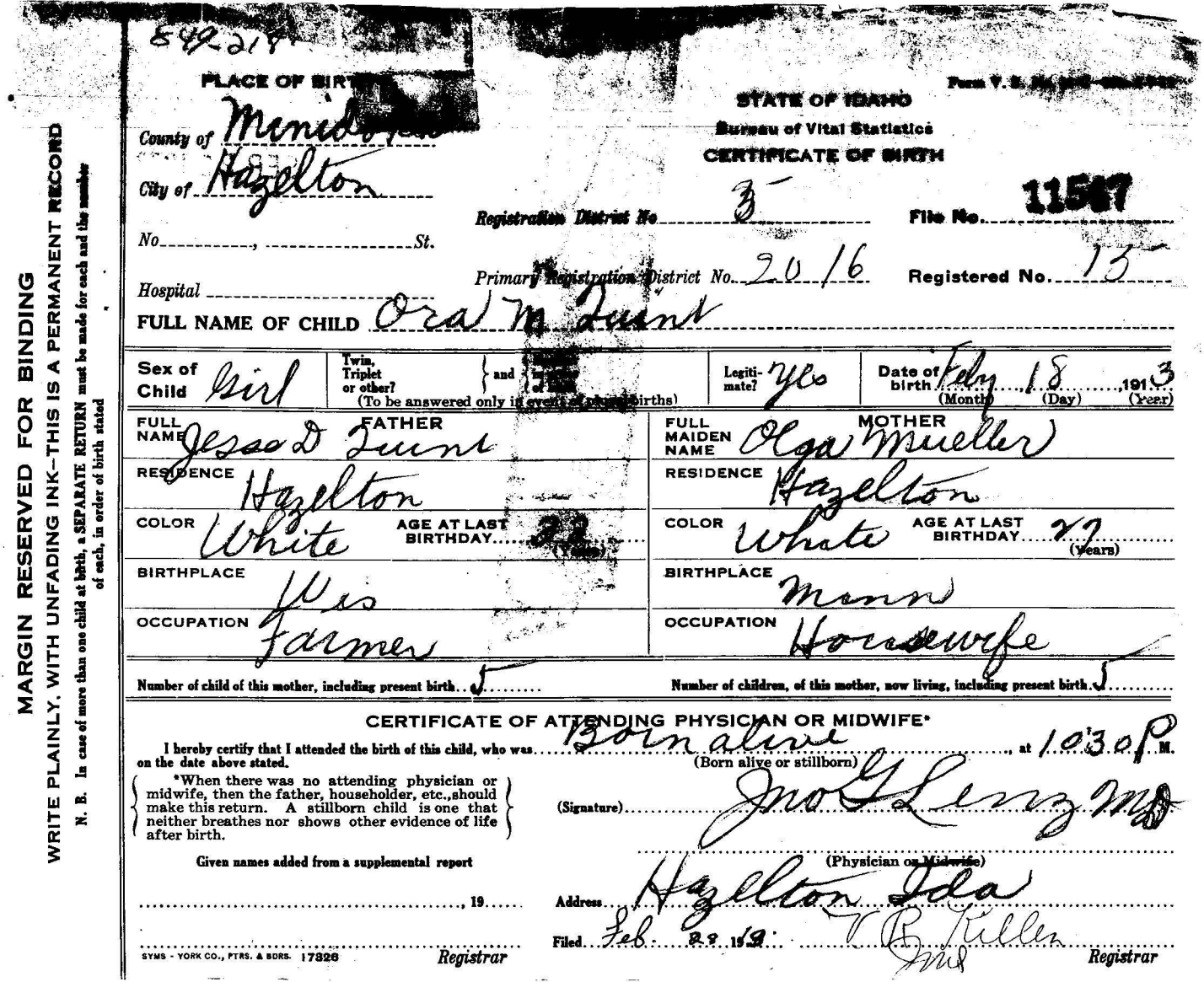
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 29 1942

JAN 15 1975

DECEASED



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

54218

PLACE OF BIRTH

County of Minidoka

City of Hazelton

No. ____, ____ St.

Hospital ____

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 11567

Primary Registration District No. 2016

Registered No. 13

FULL NAME OF CHILD Ora M Hunt

Sex of Child	Twin, Triplet or other? (To be answered only if given as one of twins)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	and [redacted]	Yes	Feby 18 1913

FATHER	MOTHER
FULL NAME Jesse D Hunt	FULL MAIDEN NAME Olga Mueller
RESIDENCE Hazelton	RESIDENCE Hazelton
COLOR White	AGE AT LAST BIRTHDAY 32 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Miss	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno G Lemmon MD

(Physician or Midwife)

Address Hazelton Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 28 1913

V B Fuller MD

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 22 1972

253-220-8[illegible]757

PLACE OF BIRTH

Form V. S. No. 11-C-20m-6-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

Registration District No 5

File No. 11548

No ....., ... St.

Primary Registration District No. 2016

Registered No. 14

Hospital .....

FULL NAME OF CHILD Vida Marine Sellers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Feby 20 1913

FATHER		MOTHER	
FULL NAME	Henry J Sellers	FULL MAIDEN NAME	Kate May Ingle
RESIDENCE	Hazelton	RESIDENCE	Hazelton
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colo	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] (Physician or Midwife)

Address Hazelton, Ida

Given names added from a supplemental report

....., 19.....

Filed ..... 19..... [signature] Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 21 1975

DECEASED

689-105-034-291

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Hazelton

No ....., ... St.

Hospital .....

Registration District No 3

File No. 11549

Primary Registration District No. 2016

Registered No. 11

FULL NAME OF CHILD Simeon Woodrow White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	Mch 5, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank D White	Elizabeth Brady
RESIDENCE	Hazelton	Hazelton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Glenn MD

(Physician or Midwife)

Address Hazelton Ida

Given names added from a supplemental report

....., 19.....

Filed Mch 19 13

V R Tillen Jus

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 23 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 13 10 55 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11549

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed White (Male) (Name on Original Certificate) who was born (Was Born or Died) on March 5, 1913 (Date of Event) in Hazelton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Simeon Woodrow White

Subscribed and sworn to before me this 6th day of March, 1973

Glen Carter

Notary Public, residing at 398 No. 5th W.

My commission expires MY COMMISSION EXPIRES FEB. 23, 1975
(Seal)

Signed Franklin D White
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

705 West 500 North Provo, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Uintah }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1973

Kenneth J. Charleston

Notary Public, residing at Vernal, Utah

My commission expires February 18, 1974
(Seal)

Signed Oletta J. White
(Signature of Any Credible Person)

1817 - 5th W. Vernal, Utah
(Street Address, City, State)

FORM DH 60-155

CL 2/23/73

Certif. of Ordination from LDS Church gives name as Simeon Woodrow White. Was ordained a Deacon on Dec. 6, 1925. Viewed by V. S.
Was baptized Aug. 2, 1921.

APR 18 1973

Social Security card (529-40-0089) gives name as S. Woodrow White. Viewed by V. S.

959-102-032-215

PLACE OF BIRTH

Form V. S. No. 11 [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Shoshone

Registration District No. 5 File No. 11552

No. ____, ____ St.

Primary Registration District No. 2016 Registered No. 8

Hospital None

FULL NAME OF CHILD Cecil Boston Zeigler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Yes	Feb 2, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Olen Zeigler	Anna May Savage
RESIDENCE	Shoshone Idaho	Shoshone Idaho Dayton Columbia Co. Wash.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	23
BIRTHPLACE	Stewartstown York Co. Pa	Haylin Columbia Co. Wash.
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive ~~or stillborn~~) at 4/30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. O. Zeigler Husband (Physician or Midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 19 13

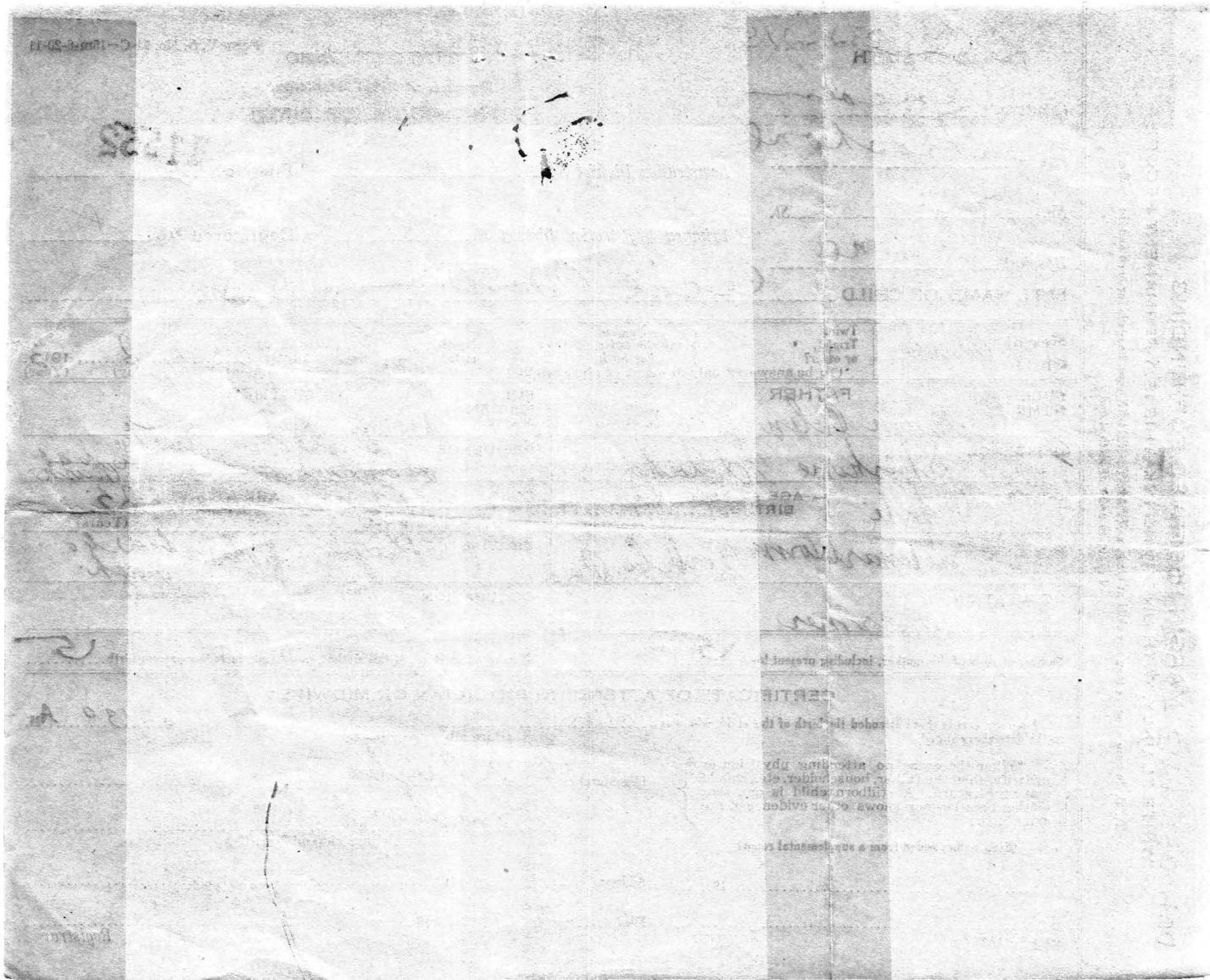
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



255-210-072-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lincoln

City of Hazelton

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11553

Registration District No. 5 — File No. .....

Primary Registration District No. 2446 Registered No. 7

FULL NAME OF CHILD Lizetta Seely

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		Yes	February 10, 1913

FATHER		MOTHER	
FULL NAME	R. Bruce Seely	FULL MAIDEN NAME	Pauline E. Hafen
RESIDENCE	Hazelton Idaho	RESIDENCE	Hazelton Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. G. Lemy MD

(Physician or Midwife)

Address Hazelton Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 19 13

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 1 3 1967

411-204-032-271

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 5

File No. 11555

Primary Registration District No. 2017

Registered No. 12

FULL NAME OF CHILD Helen Irene Major

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X (To be answered only in event of plural births)		X	Yes	Jan 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John S. Major	Blanch Irene Spaulding
RESIDENCE	5 mi. S.E. of Jerome	5 mi. S.E. of Jerome
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	28
BIRTHPLACE	Missouri	Texas
OCCUPATION	Farmer	Home Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

.....
Registrar

(Signature) Edward D. Pfau M.D.

(Physician or Midwife)

Address Jerome Idaho

Filed Feb 1 1913 E. D. Pfau

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

285 & 285.052-433

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Registration District No. 5

File No. 11556

Primary Registration District No. 2017

Registered No. 21

FULL NAME OF CHILD HELEN JEAN SHERMAN

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 25, 1913

FATHER		MOTHER	
FULL NAME	Roscoe Sherman	FULL MAIDEN NAME	Ida McLaren
RESIDENCE	Jerome	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Chicago Ill	BIRTHPLACE	Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~); at 2 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Hunt Simmerdale M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed March 3 1913 C. F. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 7 194

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois }
County of Lake } ss.

Certificate No. 11556

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Feb. 25, 1913 (Date of Event)
in Jerome, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by being present (Bible Record, Insurance Policy, Etc.) ~~prepared~~ on Feb. 25, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Helen Jean Sherman (Helen Jean Sherman)

Subscribed and sworn to before me this 4th day of March, 1942.

Notary Public, residing at Waukegan Ill

My commission expires Nov. 1, 1942
(Seal)

Signed R. C. Sherman (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

820 James St. Waukegan Ill.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois }
County of Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

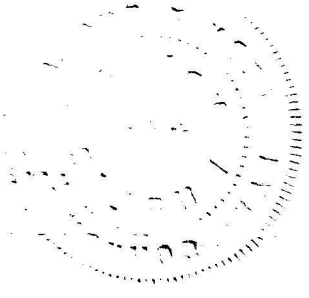
Subscribed and sworn to before me this 4th day of March, 1942.

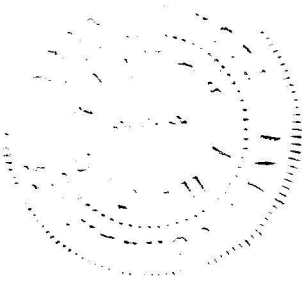
Notary Public, residing at Waukegan Ill.

My commission expires Nov. 1, 1942
(Seal)

Signed Ida Jean Sherman (Mother)
(Signature of Any Credible Person Other Than Previous Year)

820 James St. Waukegan, Ill
(Street Address, City, State)





135·228·032-815

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Registration District No. 5

File No. 11557

Primary Registration District No. 2017

Registered No. 22

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	Yes	Jan 28, 1913

	FATHER	MOTHER
FULL NAME	Louis Alexander Isenbaugh	FULL MAIDEN NAME Amelia Hansen
RESIDENCE	Jerome Ida	RESIDENCE Jerome
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Lost Nation Iowa	BIRTHPLACE Clarence Iowa
OCCUPATION	Farmer	OCCUPATION housewife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas F Summerdale MD

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

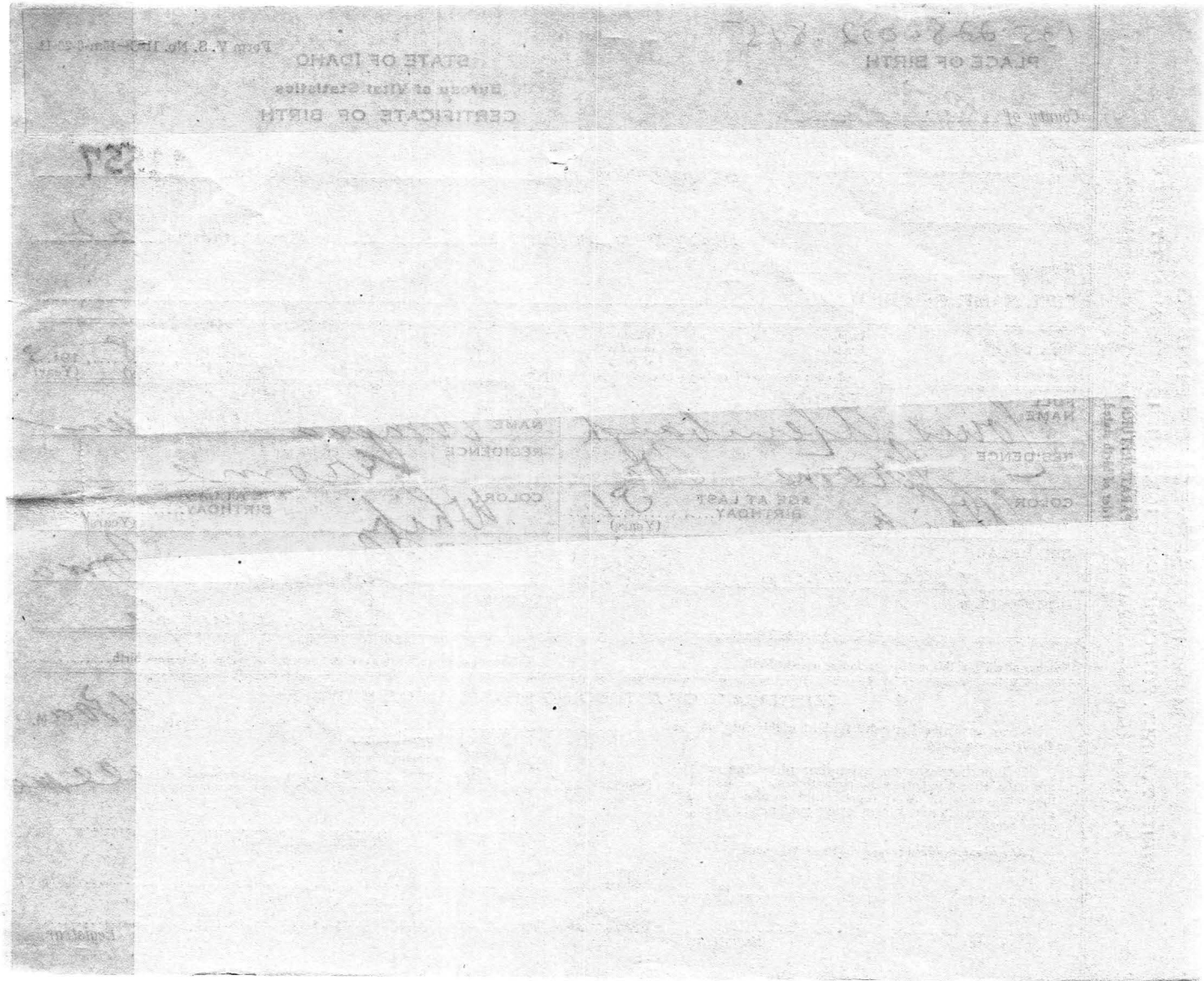
Filed Mar 3 1913 C. F. Zeller Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



848-105-032-893

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

Registration District No. 5

File No. 11558

No. ....., ... St.

Primary Registration District No. 2017

Registered No. 23

Hospital .....

FULL NAME OF CHILD William Hawley Lafayette

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	February 5, 1913

FATHER		MOTHER	
FULL NAME	William Lafayette	FULL MAIDEN NAME	Minnie F Hillix
RESIDENCE	Jerome Ida	RESIDENCE	Jerome
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Grant Armendale MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed March 6 1913 Ora F. Allen

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 19 1959

V74-208-032-796

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

Registration District No. 4

File No. 11560

Primary Registration District No. 2017

Registered No. 17

FULL NAME OF CHILD — — Updike

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X (To be answered only in event of plural births)	X	Yes	Jan 8, 1913

FATHER		MOTHER	
FULL NAME	Harry E. Updike	FULL MAIDEN NAME	Lilly Proaby
RESIDENCE	Jerome Ida	RESIDENCE	Jerome Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Carpenter & Contractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

(Signature) Edward D Pyle M.D.

(Physician or Midwife)

Address Jerome Ida

Filed Feb 1 19 13 E D Pyle

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

693-28-1032-769

PLACE OF BIRTH

County of Lincoln

City of Jerome

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 5 File No. 11561

Primary Registration District No. 2017 Registered No. 18

FULL NAME OF CHILD Edith Martine Williamson

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	Yes	Jan 28, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Arthur D. Williamson	FULL MAIDEN NAME	Marie Porter
RESIDENCE	Jerome Idaho	RESIDENCE	Jerome Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	St. Louis Mo.	BIRTHPLACE	Pa.
OCCUPATION	Hardware Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P.M. on the date above stated.

(Signature) Edward D Pyfer M.D.

(Physician or Midwife)

Address Jerome Idaho

Filed Feb 1 19 13 E. D. Pyfer

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1913-281990

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise Registration District No. File No. 11562

No. , St. Primary Registration District No. Registered No. 54

Hospital St. Alphonsus

FULL NAME OF CHILD Teresa Margaret Mann

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	1	1	yes	Feb. 19, 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Louis W. Mann	FULL MAIDEN NAME: Della Kimball
RESIDENCE: Idaho City, Idaho	RESIDENCE: Idaho City, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Idaho City, Idaho	BIRTHPLACE: Nebraska
OCCUPATION: Clerk	OCCUPATION: House wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Feb. 19, 1913, at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCabe

(Physician or Midwife)

Address

Given name added from a supplemental report

Feb. 19 T, 1913

Registrar

Filed 3-24 1913 Edith McConnell

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each child, stating number of each, in order of birth stated

FEB 3 1975

Amended Nov. 21, 1955

PLACE OF BIRTH

749-123-001-295

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 910 N. 10 St. | Registration District No. | File No. 11563 38

Hospital St. Lukes | Primary Registration District No. | Registered No.

FULL NAME OF CHILD PAUL FREDERICK GUISER
(Certificate of no value without full name of child.)

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Y.	Jan. 23, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 1 | Number of children of this mother now living, including present birth 1

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel J. Guiser	Nettie Breeze
RESIDENCE	910 N. 10	910 N. 10
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	41	40
BIRTHPLACE	Pa.	Ind.
OCCUPATION	Clerk	teacher

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or midwife)

Address Boise, Ida.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed 2/3 192[illegible] C.S.McConnel Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Ada

City of Boise

No. 910 N. 10 St.

Hospital St Lukes

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 11563

Primary Registration District No. _____ Registered No. 26

FULL NAME OF CHILD Paul Frederick Guesser

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			I.	Jan 23 1911

FATHER		MOTHER	
FULL NAME	Samuel J Guesser	FULL MAIDEN NAME	Pattie Breeze
RESIDENCE	910 N 10	RESIDENCE	910 N 10.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Ind
OCCUPATION	Clerk.	OCCUPATION	teacher

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was (Born alive [redacted]) on the date above stated. at 7 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burch

(Physician [redacted])

Address Boise Ida

Given names added from a supplemental report

..... 19.....

Filed 2/13 19 Edw McConnell

..... Registrar

S-Y CO. 20174

Registrar

NOV 21 1952

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of South Dakota } ss.
County of Bennett }

Certificate No. 11563

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Paul Fredrick Gueiser (Name on Original Certificate) who was born (Was Born or Died) on January 23, 1913 (Date of Event)
in Boise, Ada County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by St Luke's Hospital Birth announcement card enclosed (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Gueiser	Guiser

Subscribed and sworn to before me this 17th day of January, 1951

Jack Gardner
Notary Public, residing at Martin S D
My commission expires Feb, 1954
(Seal)

Signed Nettie C B Guiser mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Martin, S. Dakota
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of South Dakota } ss.
County of Bennett }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

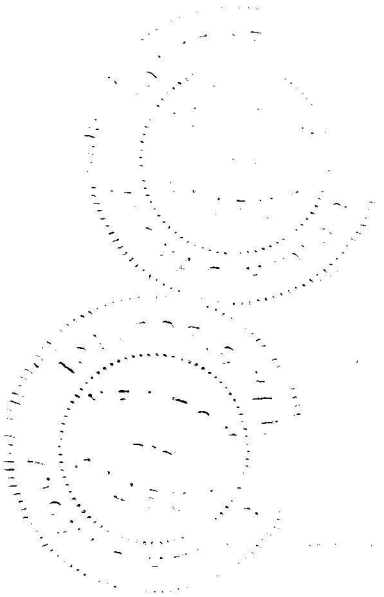
Subscribed and sworn to before me this 17th day of January, 1951

Jack Gardner
Notary Public, residing at Martin S D
My commission expires Feb, 1954
(Seal)

Signed Peter J Guiser
(Signature of Any Credible Person)
Martin S D
(Street Address, City, State)

Copy pd

NOV 19 1969



244-23-0001-749

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 414 Resseguie St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 11565

Primary Registration District No. 4 Registered No. 29

FULL NAME OF CHILD Norma Justine Summers

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	—	—	Yes	January 31, 1912 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank M. Summers	FULL MAIDEN NAME	Althea Curcer
RESIDENCE	414 Resseguie St	RESIDENCE	414 Resseguie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Neb
OCCUPATION	Grocer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Turkey

Physician (Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

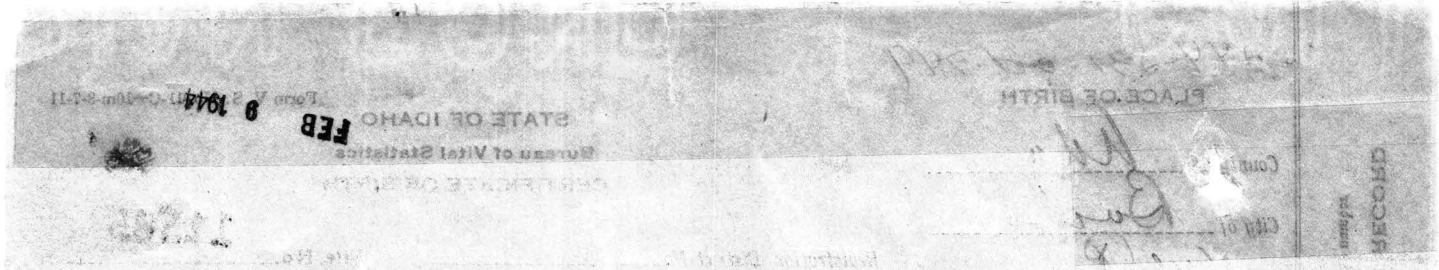
....., 19.....

Filed 2/17 19.....

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



APR 3 0 1969

1285-228-001-387

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No 1016, Pierce St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No.

File No. 11566

Primary Registration District No.

Registered No. 31

FULL NAME OF CHILD Esther Reva SHEARER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	January 28, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jack W Shearer SHEARER	Georgie Lyons
RESIDENCE	1016 Pierce St	1016 Pierce St
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Nev	Colo
OCCUPATION	Clerk	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W F Tinsley

Physician (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2-7 19 13 Caldwell Carver

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

PLACE OF BIRTH

Boise

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 11566

Date Filed Sept

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Esther Reva Shearer (Name on Original Certificate) who born (Was Born or Died) on Jan 28 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Father (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Esther Reva Shearer

Subscribed and sworn to before me this 4th
day of March, 19 42

Notary Public, residing at Boise Idaho

My commission expires 6-24-45
(Seal)

Signed Seth M Shearer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUL 13 1972
AUG 25 1976

132-214-00-331

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1728 E. Jefferson St.

Registration District No _____ File No. 11567

Hospital St Lukes

Primary Registration District No. _____ Registered No. 37

FULL NAME OF CHILD Lucile Alsop

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	\	\	Yes	January 14, 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ernest G. Alsop.	FULL MAIDEN NAME Grace Clark
RESIDENCE 1728 E. Jefferson St	RESIDENCE 1728 E. Jefferson St.
COLOR W	AGE AT LAST BIRTHDAY 51 (Years)
BIRTHPLACE Ky.	COLOR AGE AT LAST BIRTHDAY 33 (Years)
OCCUPATION Civil Engineer	BIRTHPLACE Iowa
	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Jackson, Physician

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed 2-7-1913 Geo. W. Connell

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

RECORD

794-221-001-613

PLACE OF BIRTH

County of Ada

City of Boise

No. 609 So 15 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. ..... File No. 11568

Primary Registration District No. ..... Registered No. 33

FULL NAME OF CHILD Minnie Pruett

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	—	5	Yes	1 21 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lee Pruitt	FULL MAIDEN NAME	Mary Tackett
RESIDENCE	609 So 15	RESIDENCE	609 So 15
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Miss	BIRTHPLACE	Ark
OCCUPATION	Teamster	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Toomey

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 2—6 19.. Les M Connell

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

793-224:001-249

PLACE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 11569

No. 416 S 3 St.

Primary Registration District No. _____ Registered No. 34

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C

FULL NAME OF CHILD Betty Marie Pittman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
F.			L	Jan. 24

FATHER		MOTHER	
FULL NAME	Frank Pittman	FULL MAIDEN NAME	Mildred Smith
RESIDENCE	416 S 3	RESIDENCE	416 S 3
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	(Engineer)	OCCUPATION	H. W.

Number of children of this mother born, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was (Born alive) at 6.30 a.m. on the date above stated.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted]

(Physician) [redacted]

Address Boise Ida

Filed 2/3 19 [redacted] Registrar

Given names added from a supplemental report

_____ 19_____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of twins, triplets, etc., a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of ..... Idaho .....

City of ..... Boise .....

Registration Distr

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 13 11 47 AM 75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11569

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Pittman (Name on Original Certificate) who was born (Was Born or Died) on January 24, 1913 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Betty Marie Pittman

Subscribed and sworn to before me this 13th day of February, 19 75

Florence Courtright

Notary Public, residing at Boise

My commission expires 1-20-78

(Seal)

Signed Loyd A. Pittman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1920 No. 8th St. Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Marriage license issued by Elmore County, Idaho gives name of bride as Betty Marie Pittman married July 31, 1933. Married by Rev. Earl A. Stokoe.
Viewed by V.S.

FEB 14 1975

Own childs birth certificate on file with V.S. gives name as Betty Marie Pittman. Child born Ju;y 15, 1945. Father Roy Turner and mother Betty Marie Pittman. # 408621
Viewed by V.S.

296-229.00-194

PLACE OF BIRTH

County of Ada

City of Boise

No. 22 N Heron St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. ____ File No. 11570

Primary Registration District No. ____ Registered No. 40

FULL NAME OF CHILD Marion Virginia Brown ~~Brown~~

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	January 29, 1913

FATHER		MOTHER	
FULL NAME	Joseph W Brown	FULL MAIDEN NAME	Estelle Armstrong
RESIDENCE	22nd N Heron	RESIDENCE	22nd N Heron
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Collector	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8-15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J. Bimer M.D.

Physician (Physician or Midwife)

Address 208 Idanha Bldg. Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/3 19 13 Ed McConnell

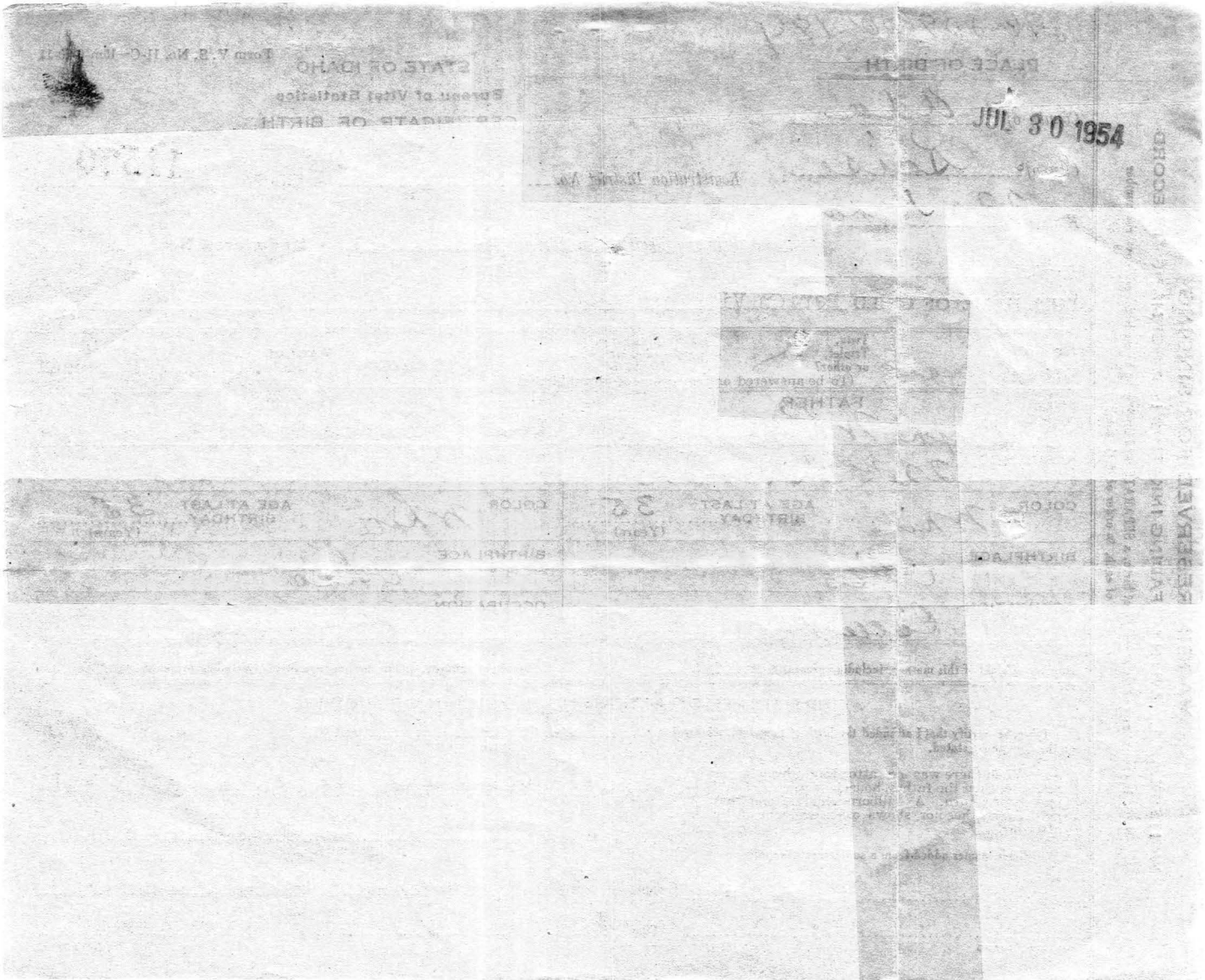
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


JUL 30 1954

Form V. S. No. H-C—30m-2-15-12

PLACE OF BIRTH
71[illegible]-201-001-425

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 11571

No. 1307 N. 10th St.

Primary Registration District No. _____ Registered No. 41

Hospital _____

FULL NAME OF CHILD Charlotte Gabica

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	~~Jan.~~ Feb. 1st 1913

FATHER		MOTHER	
FULL NAME	Elias ~~Ilario~~ Gabica	FULL MAIDEN NAME	Uberuga ~~Uberuga~~ Valentina
RESIDENCE	1307 N. 10th	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Basco Spaine	BIRTHPLACE	Basco Spain
OCCUPATION	Sheep grower	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tuttle M.D.

Physician (Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 7/3 19 13 Ed McConnell Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-3-17-.

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

DATE OF BIRTH

BIRTHPLACE

OCCUPATION

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 11571

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for Charlotte Gabica (Name on Original Certificate) who BORN (Was Born or Died) on Feb. 1, 1913 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on Feb 8 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	Jan. 31	Feb. 1, 1913
father's name	Elais	Elias Gabica
mother's name	Wheruga	Uheruga

Subscribed and sworn to before me this 29
day of March, 1943.
Earl L. Boone
Notary Public, residing at Nampa Idaho
My commission expires 3/14/47
(Seal)

Signed Mrs Valentina Gabica
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
105 Holly - Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of March, 1943.
Earl L. Boone
Notary Public, residing at Nampa Idaho
My commission expires 3/14/47
(Seal)

Signed Vivian Gabica
(Signature of Any Credible Person Other Than Previous Year)
923 - 15th Ave - S. Nampa Idaho
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH--BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

APR 6 1949

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 11571

Date Filed [illegible]

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Gabica (NAME ON ORIGINAL CERTIFICATE) who [illegible]913 (WAS BORN OR DIED) on Feb 1st 1913 (DATE OF EVENT)
in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	Charlotte Gabica
Surname	Gabaca	Gabica

Subscribed and sworn to before me this 11
day of [illegible], 1943
[illegible] Notary Public, residing at Nampa Idaho
My commission expires 3/14/43
(SEAL)

Signed Mrs Valentina Gabica
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
105 Holly St. Nampa Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12
day of [illegible], 1943
[illegible] Notary Public, residing at Nampa Ida
My commission expires 3/14/47
(SEAL)

Signed Mrs Don Storey
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Meridian Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 16 1949

416-204-201-419

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ____ File No. 11574

No. St Alphonsus Hospital St.

Primary Registration District No. ____ Registered No. 415

Hospital St Alphonsus

FULL NAME OF CHILD Catherine Martin Dawson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 4 1913

FATHER		MOTHER	
FULL NAME	John D. Dawson	FULL MAIDEN NAME	Blanch Martin
RESIDENCE	1413 N 7th Boise	RESIDENCE	1413 N 7th Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Newspaper man	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. Tuesday Feb 4th 1913 at 12:15 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph R. Numbers M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/16 1913 C&S McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 9 1942

893 13-001-453

Form V. S. No. D-5

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 11575

No. 1009 Fort St.

Primary Registration District No. _____ Registered No. 46

Hospital _____

FULL NAME OF CHILD Harriet Hitchcock

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	2-4-13 1913

FATHER		MOTHER	
FULL NAME	Randolph J. Hitchcock	FULL MAIDEN NAME	Lulu O. Metcalf
RESIDENCE	1009 Fort	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Jeweler	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12:00A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettenger

Physician
(Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report

..... 19.....

Filed 2/6 1913 Ed McCarney

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

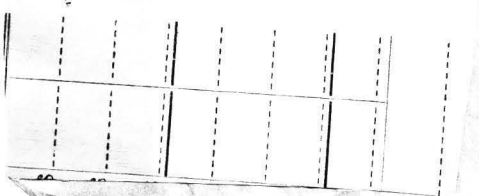
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 8 1966

AUG 1 2 1969

APR 1 4 1975



255-205-001-292

PLACE OF BIRTH

Form V. S. No. 11—10 [redacted]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. _____ File No. 11576

No. _____, _____ St. Primary Registration District No. _____ Registered No. 47

Hospital St. Alphonsus

FULL NAME OF CHILD Beatrice Margaret Keenan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	/	yes	Feb. 5, 1913

	FATHER	MOTHER
FULL NAME	F. J. Keenan	FULL MAIDEN NAME Mabel Bissonnette
RESIDENCE	Boise Idaho	RESIDENCE Boise Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years) 24
BIRTHPLACE	Mo.	BIRTHPLACE Iowa
OCCUPATION	Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Feb 5th 1913, at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Address Boise Idaho,

Given name added from a supplemental report

Feb 10 1913.

Filed 2-10 1913 [illegible] McConnell

Registrar

Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 1966

MAR 2 1957

527-209-001-815

PLACE OF BIRTH Amended April 21,1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Registration District No. ____ File No. 11577

Hospital St. Alphonsus

Primary Registration District No. ____ Registered No. 49

FULL NAME OF CHILD Patricia Napina Espe

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	February 9, 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Geo. G. Espe	FULL MAIDEN NAME	Viola Hanley
RESIDENCE	Rexburg, Idaho	RESIDENCE	Rexburg, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Placerville, Idaho
OCCUPATION	Physician	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or midwife)

Address Boise, Idaho

Give names added from a supplemental report.

....., 192....

..... Registrar.

Filed 2-10-1913 192.. C. S. McConnel Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 11577

County of Ada

City of Boise Registration District No.

No. 1 Primary Registration District No. Registered No. 29

Hospital or Institution

FULL NAME OF CHILD Virginia Espe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	Feb. 9, 1913

FATHER		MOTHER	
FULL NAME	Geo. G. Espe	FULL MAIDEN NAME	Viola Hanley
RESIDENCE	Rexburg Idaho	RESIDENCE	Rexburg, Idaho. (Plasmville)
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Plasmville Idaho
OCCUPATION	Physician	OCCUPATION	House wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Feb. 9 19 13, at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Address Boise, Idaho

Given name added from a supplemental report

Feb. 10 19 13

Filed 3-10 1913 Edith Conrad

Registrar

Registrar

S-Y CO., 16669

K

School Record, Elk Public School, Dist. 148 dated May 1923 gives name as Patricia Espe, viewed by V.S. State High School Certificate #4961 dated Sept 19 1938 gives name as Patricia Espe. viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA
County of LOS ANGELES } ss.

Certificate No. 11577

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Napina Espe (Name on Original Certificate) who was born (Was Born or Died) on Feb 9, 1913 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Napina Espe	Patricia Napina Espe

Subscribed and sworn to before me this 18th day of APRIL 19 52

Joseph Juliano
Notary Public, residing at
My commission expires My Commission Expires August 12, 1961
(Seal)

Signed George G. Espe (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4415 Noble Ave, Sherman Oaks Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

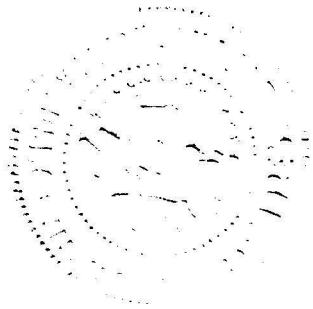
Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55. 155 L. 4-7-58 1 copy pd

APR 21 1959



664-215-005-291

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 11578

No. 111, Main St.

Primary Registration District No. _____ Registered No. 50

Hospital _____

FULL NAME OF CHILD Lenore Fontes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	Yes	Jan. 15, 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. R. Fontes	Mabel B. Brumblee
RESIDENCE	111 Main St.	111 Main St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	25
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M. D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 2/15 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
OCCUPATION			

3 14 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 19 3 50 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11578

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Fontes (Name on Original Certificate) who was born (Was Born or Died) on Jan. 15, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Lenore Fontes

Subscribed and sworn to before me this 18th day of March, 19 74

Signed Mabel Brantlee
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Boise, Idaho

My commission expires 7-18-76
(Seal)

912 W. Franklin St.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

.....
(Street Address, City, State)

MAR 1 9 1974

Gem County Public Schools State of Idaho Dist. No. 11 Year 1921-1922
Hester A. Gross , Teacher , School record gives name as Lenore Fontes.
Viewed by VS

Own childs birth certificate Ronald Dean Bates born Oct. 3, 1943 at Boise, Idaho State file # 380802 gives mothers name as Lenore Fentes.
Viewed by VS

Own childs birth certificate Richard Wayne Bates born Nov. 23, 1931 at Boise, Idaho, State file # 195997 gives mothers name as Lenore Fontes.
Viewed by VS

381-126-001-189

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1014, Warm Springs Ave. 1st.

Hospital

Registration District No.

File No. 11579

Primary Registration District No.

Registered No. 37

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Two	yes	1 — 26 — 1913

FATHER	MOTHER
FULL NAME: Edward S. Chadwick	FULL MAIDEN NAME: Maude Ayres
RESIDENCE: 1014 Warm Springs Ave	RESIDENCE: 1014 Warm Springs Ave
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Nebr.	BIRTHPLACE: New York
OCCUPATION: Insurance	OCCUPATION: Housewife

Number of child of this mother, including present birth: Two

Number of children, of this mother, now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James S. Stewart (Physician or Midwife)

Address

....., 19.....

Registrar

Filed 2/3 1913 C. M. McConnell Registrar

S-Y CO., 16669

• Given name added from a supplemental report

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[illegible]

36-219-001-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. **11580**

Registered No. 56

PLACE OF BIRTH

County of Ada

City of Boise

No. 506 S. 3rd St.

Hospital

Registration District No.

Primary Registration District No.

FULL NAME OF CHILD Edna Cooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 19 1913

FATHER

FULL NAME: Hampton Cooper

RESIDENCE: Boise

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary L. Stewart

RESIDENCE: Boise

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Arkansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Springer M.D.

(Physician or midwife)

Address Boise

Given names added from a supplemental report.

....., 19....

Registrar

Filed 2-27-1913

E. M. Council
Registrar

S-Y CO. 24655

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
JUL 1 3 32 PM '74
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Butte } ss.

Certificate No. 11580

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ (Birth or Death)
for Unnamed Cooper (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ① I.N.S. Pol. ② School Rec. (Bible Record, Insurance Policy, Etc.) prepared on ① 7-1-59 ② 5-6-26 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Edna Cooper
		Edith Cooper Kirkpatrick

Subscribed and sworn to before me this 26th day of June 1974

Richard D. Beatty
Notary Public, residing at Paradise, California
My commission expires March 6, 1975
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
P.O. Box 55, Paradise, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Butte } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of June 1974

Richard D. Beatty
Notary Public residing at Paradise, California
My commission expires March 6, 1975
(Seal)

Signed Carl R. Andrews
(Signature of Any Credible Person)

6186 Sawmill Rd. Paradise, Calif.
(Street Address, City, State)

FORM DH 60-155 CL 6/20/74 nm

Application to Metropolitan Life Ins. Co. gives name as Edna Andrews, born Feb. 19, 1913. date signed July 1, 1959. viewed by V. S.

JUL 2 1974

Certificate of Improvement in the Palmer Method of Business Writing gives name as Edna Cooper. dated May 6, 1926. viewed by V. S.

381-119-001-669

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11581
Local Reg. No.
Reg. Dist. No.

Amended 11/22/77

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 1107 Grove

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 1107 Grove

3. CHILD'S NAME (Type or print): a. (First) Philip b. (Middle) c. (Last) Chacartegui

4. SEX: Male
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH: (Month) Feb. (Day) 19, (Year) 1913

FATHER OF CHILD

7. FULL NAME: a. (First) Joe b. (Middle) c. (Last) Chacartegui

8. AGE (At time of this birth): 36 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Spain
10. USUAL OCCUPATION: Camp Tender & Lodging
11. KIND OF BUSINESS OR INDUSTRY: housekeeper

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Aucaria b. (Middle) c. (Last) Forcuria

13. AGE (At time of this birth): 26 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Spain
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ralph Falk
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Falk Bldg.
20. DATE SIGNED
21. DATE REC'D BY LOCAL REG.: 2-24-13
22. REGISTRAR'S SIGNATURE: C. S. McConnel
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewritten. Information in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
OCT 19 35 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11581

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rafael Chacartegui (Name on Original Certificate) who was born (Was Born or Died) on Feb 19, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on Feb 2, 1965 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Rafael	Philip

Subscribed and sworn to before me this 3rd day of
October 1977

Notary Public, residing at Tillamook, Oregon
My commission expires 8-20-81
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; or attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 1, Box 256 Cochran, Or 97136
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of TILLAMOOK }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of
October 1977

Notary Public, residing at Tillamook, Oregon
My commission expires 4-28-80
(Seal)

Signed Carleen M. Vans Dortwick
(Signature of Any Credible Person)

609 Meadows, Tillamook, Oreg.
(Street Address, City, State)

FORM DH 60-155

CL 9/27/77 nm

Application to New York Life Insurance Co gives name as Philip Chacartegui born Feb 19, 1913. dated Feb 2, 1945. viewed by V. S.

St. John's Cathedral Certificate of Baptism gives name as Philip Chacategui child of Joseph Chacarttegui and Lucasia Foruria bornon the 19 of Feb in 1913. Baptized March 23 1913. viewed by V. S.

381-119-00-669

PLACE OF BIRTH

Form V. S. No. 1-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11581

County of Ada

City of Boise

No. 1107 Grove St.

Hospital

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. 55

FULL NAME OF CHILD Rafeal Chacartegui

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	2 (Month) 19 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Joe Chacartegui	FULL MAIDEN NAME	Lucaria Forcuria
RESIDENCE	1107 Grove	RESIDENCE	1107 Grove
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	camp tender & lodging house keeper.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:30 P M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Falk

Physician
(Physician or midwife)

Given names added from a supplemental report.

..... 19...

Address Falk Bldg.

Filed 2-24 1913 C L McConnell

S-Y CO. 24688

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 1 1970

NOV 23 1977

131-120-00431

PLACE OF BIRTH

Amended 12/23/77

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 11582

No. 8th & Grove St.

Primary Registration District No. _____ Registered No. 53

Hospital _____

FULL NAME OF CHILD James Alastra

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	2-20-13 191...

FATHER		MOTHER	
FULL NAME	Santiago Alastra	FULL MAIDEN NAME	Francisca Alastra
RESIDENCE	Ogden Utah	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Basco Spain	BIRTHPLACE	Basco Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Bulen Dr

Physician
(Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report

..... 19.....

Filed 2-21 19 3

..... Registrar

C S McConnell Registrar

8-Y CO.-20174-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 13 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 4 8 29 AM '77
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 11582

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Alastia (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 20, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Alastia	James Alastra
father's name	Santiago Alastia	Santiago Alastra
mother's name	Francesco Alastia	Francisca Alastra

Subscribed and sworn to before me this 2ND day of
February, 1977

Notary Public, residing at Boise, Idaho
My commission expires Jan. 14 1978
(Seal)

Signed Jeanette S Carter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

CL 12/13/76

Employment Agrremant with First Security Bank of Idaho, National Assoc. gives name as James Alastra. dated Jan 25, 1953. vieed by V. S.

DEC 27 1977

Diploma from Pacific Coast Banking School, Univ. of Washington gives name as James Alastra. Commerical Div. daed 1969. viewed by V. S.

Petition for Distribution of Eastate of Santiago Alastra dated in 1964. viewed by V. S.

Decree of Final Distribution of Estate for Santiago Alastra Dec 18, 1964. viewed by V. S.

Individual Income Tax return from Idaho for 1971 gives name a s Francisca Alastra. Social Secuirty No. 518=56=9162. viewed by V. S.

Lease dated March 23, 1972 between Francisca Alastra and several other persons dated Dec 1, 1972. viewed by V. S.

698-107-001-635

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 15th, Jeff St.

Registration District No. ____ File No. 11583

Primary Registration District No. ____ Registered No. 52

Hospital ____

FULL NAME OF CHILD Paul Harold Fry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Feb 7, 1913

FATHER		MOTHER	
FULL NAME	Pearson L. Fry	FULL MAIDEN NAME	Prudence Fleming
RESIDENCE	15th, Jeff Boise	RESIDENCE	15th, Jeff Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Penn.	BIRTHPLACE	Pa.
OCCUPATION	Embalmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glass

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 2-19 1913 L. M. McConnell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 9 1945

389-106-001-855

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-29-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 418, Resseguie St.

Hospital

Registration District No. ____ File No. 11584

Primary Registration District No. ____ Registered No. 51

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	yes	Feb 6, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G. W. Shiriot	Elvira R. Henrie
RESIDENCE	418 Resseguie	418 Resseguie
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 31	White / 31
BIRTHPLACE	Utah	Utah
OCCUPATION	Assayer	Housewife

Number of child of this mother including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7.40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 2/17 19 E.M. McConnell

Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

413-103-001-459

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 372 S 13 St.

Hospital

Registration District No. _____ File No. 11585

Primary Registration District No. _____ Registered No. 18

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	S. (To be answered only in event of plural births)	2	yes	Feb 3 1913

FATHER	MOTHER
FULL NAME: Ben Malmin	FULL MAIDEN NAME: Clara Ellison
RESIDENCE: 372 S. 13 st	RESIDENCE: 512 S. 13th st
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Norway	BIRTHPLACE: Norway
OCCUPATION: Bartender	OCCUPATION: Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Feb 3 1913, at 11 15-a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Parker M. D. (Physician or midwife)

Address 251 Sonna Bld.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 2-10 19 13 Ed McConnell Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

AHO

STATISTICS

BIRTH

FULL NAME OF CHILD

Hospital

BIRTHPLACE

BIRTHDAY (Years)

AGE AT LAST BIRTHDAY (Years)

249-128 1001-456

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 11586

No. _____ St.

Primary Registration District No. _____ Registered No. 44

Hospital St. Alphonsus

FULL NAME OF CHILD Gordon Cyril Smith, Jr.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Jan. 28 1913

FATHER		MOTHER	
FULL NAME	Gordon Cyril Smith	FULL MAIDEN NAME	Bertha DeWoody
RESIDENCE	605 Hays	RESIDENCE	same
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	So. Dak. Minn	BIRTHPLACE	Colorado
OCCUPATION	Civil Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth _____

Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ralph Todd

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address Walk Bldg.

Filed 2/5 19 13 Les McConnell

_____ Registrar

8-Y CO. 20178

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1972

VIS-127.001-533

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of Boise

No. ..... St.

Hospital St. Alphonsus

Registration District No. .....

File No. 11587

Primary Registration District No. .....

Registered No. 31

FULL NAME OF CHILD John Ellis Manning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	1 27 1913

FATHER	MOTHER
FULL NAME: John J. Manning	FULL MAIDEN NAME: Anna Ellis
RESIDENCE: Boise	RESIDENCE: Boise
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Ireland	BIRTHPLACE: Idaho
OCCUPATION: Mining	OCCUPATION: None

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Calvert

Physician
(Physician or midwife)

Address .....

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 2/5 1913 C. S. McConnell
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 2 1941

155-128-00-643

[redacted]

Form V. S. No. 11-C [illegible]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No ....., ... St.

Hospital St. Alphonsus

Registration District No. .....

File No. 11588

Primary Registration District No. .....

Registered No. 36

FULL NAME OF CHILD Philip Houghton De Voe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	1-28-13, 191...

FATHER	MOTHER
FULL NAME: Carl W. DeVoe	FULL MAIDEN NAME: Mabel Fuller
RESIDENCE: Jerome, Idaho	RESIDENCE: Jerome, Idaho.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: New York	BIRTHPLACE: Mass.
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Fitzgerald

Physician (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Falk Bldg.

Filed 2/3 19..... C. S. McConnell

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 4 1972

962-119-001-619

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 11589

No. _____, _____ St.

Primary Registration District No. _____ Registered No. 35

Hospital St Alphonsus

FULL NAME OF CHILD Easton Ray Roberts

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	/	/	yes	Jan. 19 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	R. R. Roberts	FULL MAIDEN NAME	Alta Warner
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Insurance Agt.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) Jan. 19 1913, at 3.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Address Boise Idaho

Given name added from a supplemental report

Jan 29, 1913

Registrar

Filed 2/3 19 [illegible]

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 9 1942

962-129-001-962

PLACE OF BIRTH

Ada

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

City of Boise

No. 412 Thatcher St.

Registration District No.

File No. 11590

Hospital

Primary Registration District No.

Registered No. 30

FULL NAME OF CHILD Richard Carl Robinson

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth
M				Yes	July 29 (Month) (Day) 19[illegible] (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Merrick C Robinson	Myrtle C Robertson
RESIDENCE	412 Thatcher St	412 Thatcher St.
COLOR	W	W
AGE AT LAST BIRTHDAY	26 (Years)	22 (Years)
BIRTHPLACE	Neb.	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:55 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Worley

Physician

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed 2/7/19[illegible]

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

PLACE OF BIRTH

Ohio

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-D—10m-8-7-41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. ~~11599~~ 11570

Date Filed MAR 4 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Richard Carl Robinson (Name on Original Certificate) who was born (Was Born or Died) on Jan. 29, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Richard Carl Robinson

Subscribed and sworn to before me this third
day of March, 1942.

Notary Public, residing at Nampa, Idaho
My commission expires September 5, 1944
(Seal)

Signed Mrs Myrtle Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 3, Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd
day of March, 1942.

Notary Public, residing at Nampa, Idaho
My commission expires Sept. 5, 1944
(Seal)

Signed Elbert R. Macy
(Signature of Any Credible Person Other Than Previous Year)

Hall St. Nampa, Idaho
(Street Address, City, State)

MAR 4 1942

MAR 14 1942

255-108-001-218

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—1913-6-30-31

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Murphy St.

Hospital St. Lukes

Registration District No. .....

File No. 11591

Primary Registration District No. .....

Registered No. 27

FULL NAME OF CHILD William J. Bennett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Two	yes	2 – 8 – 1913

FATHER		MOTHER	
FULL NAME	Joseph A. Bennett	FULL MAIDEN NAME	Georgia Kohler
RESIDENCE	Murphy	RESIDENCE	Murphy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Wisconsin
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth Two.

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James L. Stewart

(Physician or Midwife)

Address 410 Overland Bldg

Given name added from a supplemental report

....., 19.....

Filed 2-10-1913 Carl McCormick

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FULL NAME

Sex

Child

NAME

RESIDENCE

BIRTHDAY

BIRTHPLACE

OCCUPATION

I hereby certify

551-101-014-351

[redacted] No. 11-C-20[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon Payma Rte 1.

City of Caldwell-Largo flat. Registration District No. 3 File No. 11593

No. ..... St. Primary Registration District No. 2005 Registered No. 421

Hospital .....

FULL NAME OF CHILD Mervyn Floyd EVANS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Jan. 1st 1913

FATHER		MOTHER	
FULL NAME	Ralph Evans	FULL MAIDEN NAME	Iris Seavell
RESIDENCE	Fargo, Canyon Co.	RESIDENCE	Fargo, Canyon Co.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kelley Physician
(Physician or midwife)

Address Caldwell. Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

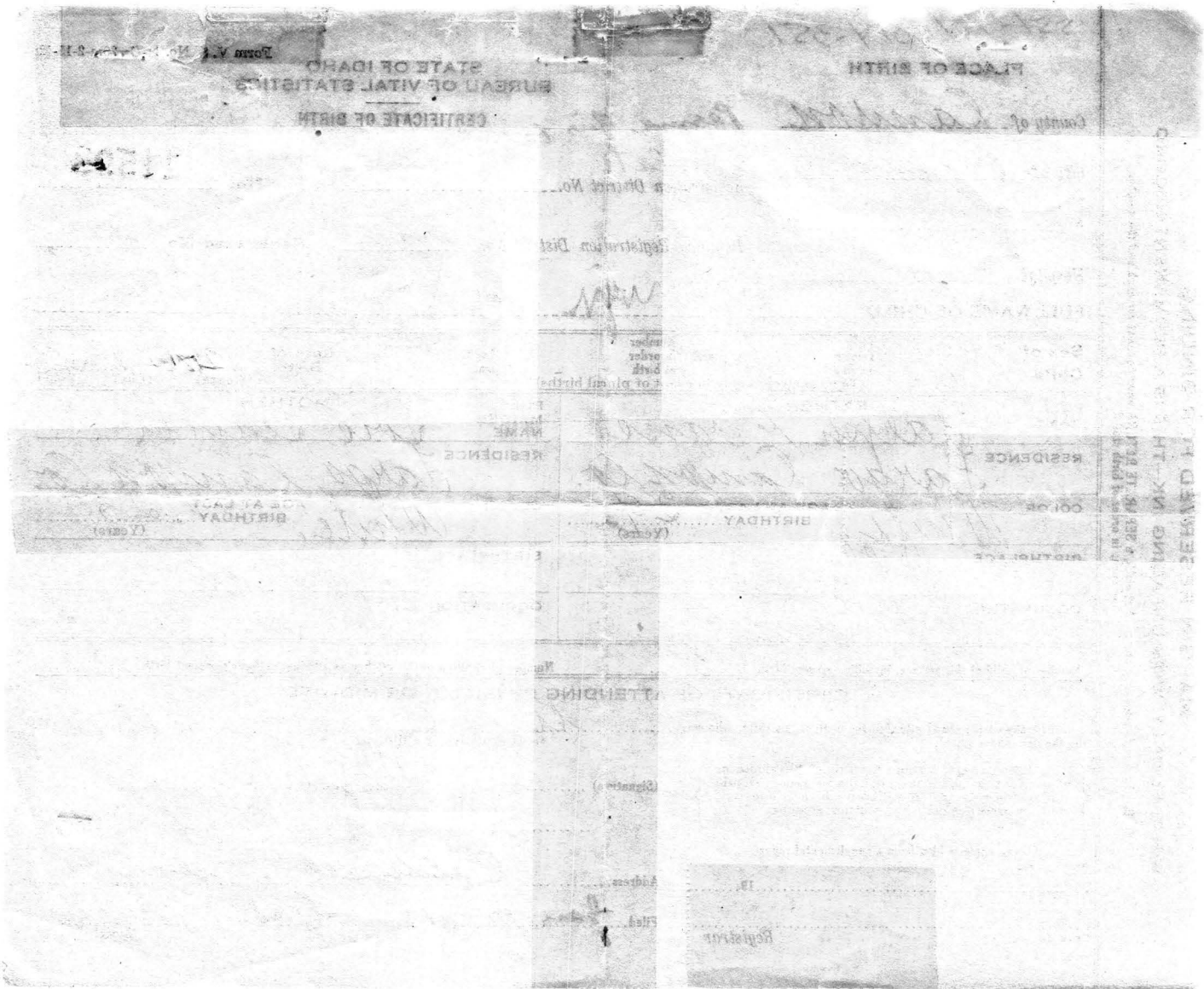
Filed Jan. 10. 1913 John J. Meyers Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss. NOV 21 1941
County of King

Certificate No. 11[illegible]1593

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death) for Mervin Lloyd Evans (Name on original certificate) who was born (Was born or died) on Dec. 31 [illegible] (Date of event) in Wilder, Kanyon County, Ida ho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by my presence at birth (Bible record, insurance policy, etc.) prepared on this date 11-17-1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Mervin Loyd Evans	Mervyn Lloyd Evans
Date	Dec. 31, 1912	Jan. 1, 1913

Subscribed and sworn to before me this 17th day of Nov. 41

J. F. Cook

Notary Public, residing at Renton

My commission expires Dec. 9, 1942

[SEAL]

Signed Sarah E. Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 1 Box 268 Renton, Wash.
(Street Address, City, State) Aunt.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of Nov. 19 41

J. F. Cook

Notary Public, residing at Renton

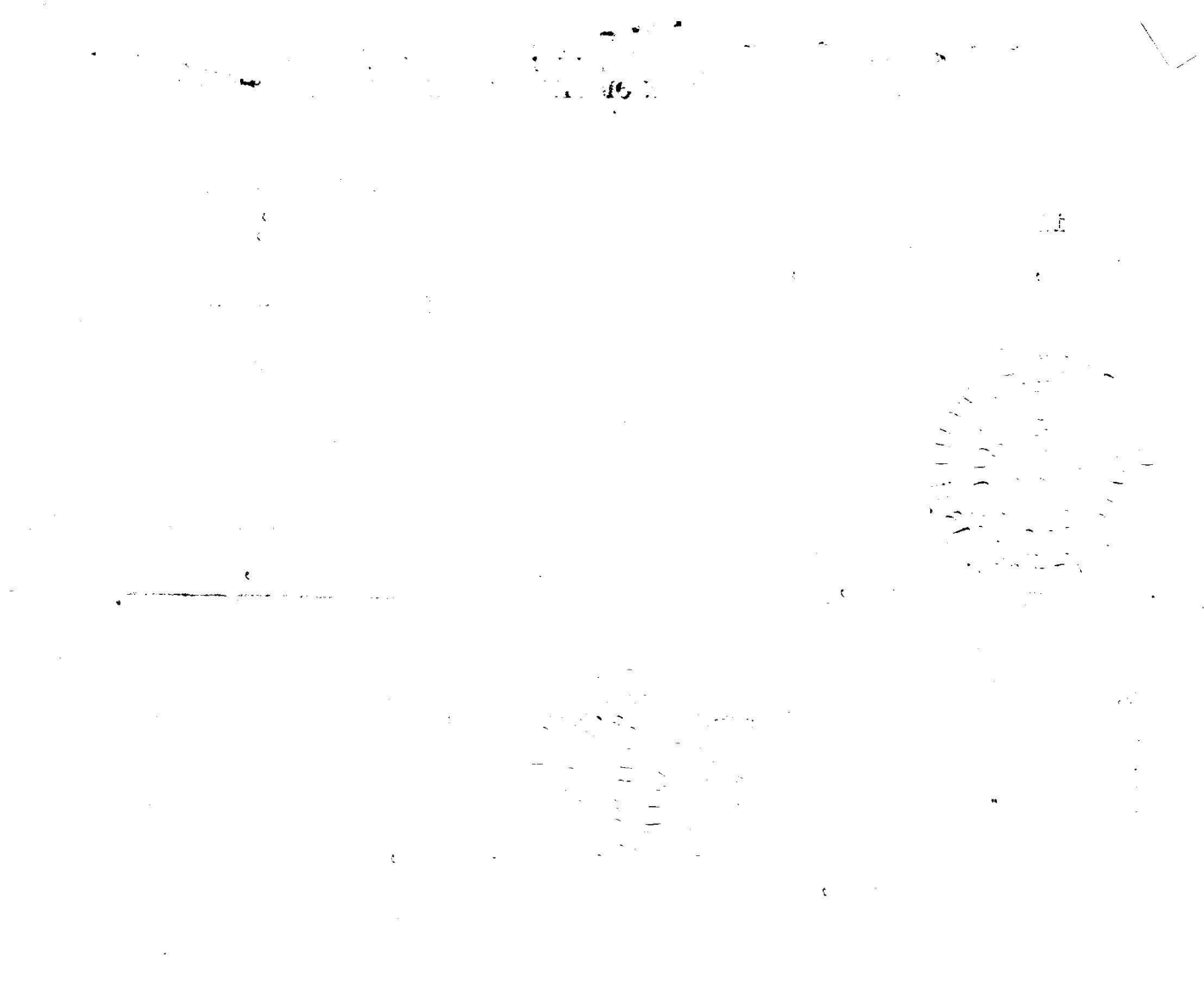
My commission expires Dec. 9, 1942

[SEAL]

Signed X Lester L. Clark
(Signature of any credible person other than the previous affiant.)

Rt. 1 Box 268, Uncle of Lloyd Evans
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-201-003-295

PLACE OF BIRTH

Country of Bannock

City of Pocatello

No. 629 N Garfield St.

Hospital

STATE OF IDAHO
VITAL STATISTICS

CERTIFICATE OF BIRTH

11594

Registration District No. 9 File No.

Primary Registration District No. 1082 Registered No. 37

FULL NAME OF CHILD Caroline Smith

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		✓	Yes	Feb 1st 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm E. Smith	Priscilla King
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Carbon Wyoming	Chesterfield Idaho
OCCUPATION	R.R. Clerk	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 1, 13, at 7:20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M D

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 2/12 19 13 O B Steely
Registrar

8-Y CO. 20174

DUP OF 13-151514

363-203-003-752

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11595

County of Bannock

City of Pocatello

No. 618 N. 8th ave St.

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 38

Hospital

FULL NAME OF CHILD Norma Collette

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Feb 3rd 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Collette	Mary Pesco
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	Italian	Italy
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Italy	Italy
OCCUPATION	Fireman Power House	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, Feb 3/13, at 12:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 2/12 19 13 O B Straley
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11565

PLACE OF BIRTH

County of

RESIDENCE

BIRTHDAY (Years)

BIRTHPLACE

RESIDENCE

BIRTHDAY (Years)

BIRTHPLACE

RED ED 4

243-104.003-651

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11596

County of Bannock

City of Pocatello — Registration District No. 19 — File No.

No. 854 N. Arthur St. — Primary Registration District No. 1002 — Registered No. 39

Hospital

FULL NAME OF CHILD Robert Sutton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Feb 4 1913

FATHER

FULL NAME: Dr. Robert H. Sutton

RESIDENCE: Pocatello Idaho

COLOR: white — AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Paris, Idaho

OCCUPATION: Dentist

MOTHER

FULL MAIDEN NAME: Melvina Weaver

RESIDENCE: Pocatello, Idaho

COLOR: white — AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Bennington, Idaho.

OCCUPATION: Housewife

Number of child of this mother, including present birth: two

Number of children of this mother now living, including present birth: two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb. 4, 1913, at 4:40 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Walley
(Physician or midwife)

Address Pocatello, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/12 19 13

U. B. Straley
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

389-106-003-493

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 752 N. 10th Ave. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

11597

Registration District No. 19

File No.

Primary Registration District No. 1002

Registered No. 40

FULL NAME OF CHILD Loyal Wilford Christensen

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	✓	✓	Yes	Feb 6th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wilford Christensen	FULL MAIDEN NAME	Della Mitchell
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Hyde Park, Utah	BIRTHPLACE	Salt Lake Utah
OCCUPATION	Car Inspector	OCCUPATION	Housewife

Number of child of this mother, including present birth 2.

Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 6/13 at 8:05 P. M.
on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M D

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

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Registrar

Filed 2/12 19 13 O B Sterly
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 1971

V34-212-003-365

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11598

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1059 N. Grant St.

Registration District No. 19

Primary Registration District No. 1002

File No.

Registered No. 41

Hospital Lois Marguerite McDowell

FULL NAME OF CHILD

Sex of Child: female

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth: Feb 12 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Thirus Eugene McDowell

RESIDENCE: Pocatello, Ida.

COLOR: white

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Beloit, Kansas

OCCUPATION: Locomotive Carpenter

MOTHER

FULL MAIDEN NAME: Lola Conquest

RESIDENCE: Pocatello, Idaho

COLOR: white

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Dresden, Kansas

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Feb. 12, 1913, at 9:30 A. M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. U. M. Newton

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

Registrar

Filed 2/15 19 13 O. B. Straley

Registrar

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 2 1974

71-22.003-439

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11599

County of Bannock

City of Pocatello

No. 436 N. Main St.

Registration District No. 19

File No.

Primary Registration District No. 1002

Registered No. 42

Hospital

FULL NAME OF CHILD Margaret Mary Gaul

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	—	Yes	Feb 12th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Patrick H. Gaul	Margaret McIntosh
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Jerseyville, Illinois.	Panaca Nebraska
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born Alive Feb 12/13, at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle

M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

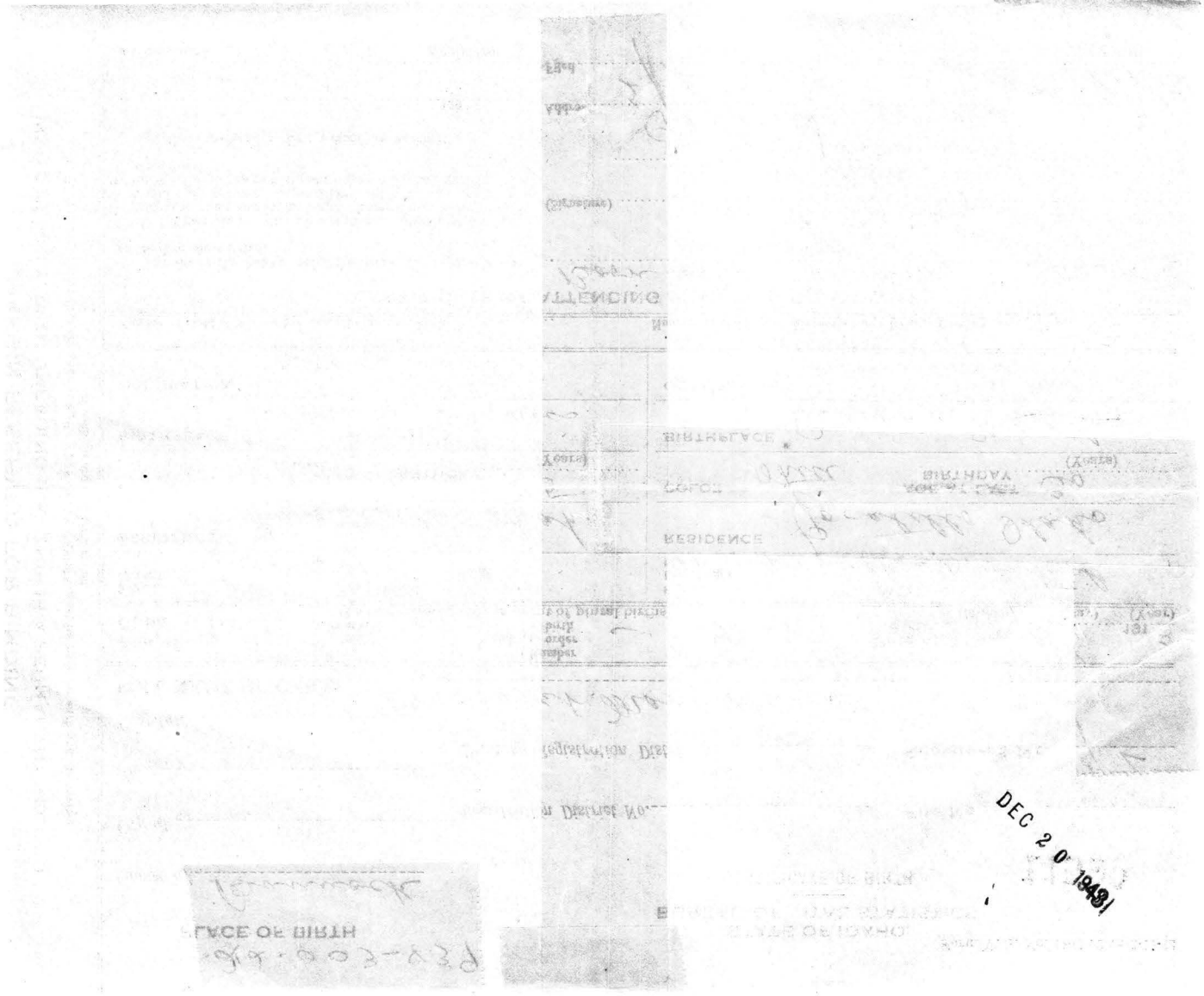
Filed 2/14 1913 D Stanley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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515-216-003-212

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11600

County of Bannock

City of Pocatello

No. 754 S. Main St.

Hospital

Registration District No. 19 File No. 1

Primary Registration District No. 1902 Registered No. 43

FULL NAME OF CHILD Not named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 16 1913

FATHER		MOTHER	
FULL NAME	Harland J Van Ness	FULL MAIDEN NAME	Cynthia M. Bassett
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Hailey, Idaho.	BIRTHPLACE	Morgan, Utah.
OCCUPATION	Chief Clerk Store Dept RR	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Feb 16/13, at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed 2/25 19 13

O B Straley
Registrar

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Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

693-121-003-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 715 N. Harrison St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11601

Registration District No. 19

File No. 1

Primary Registration District No. 1002

Registered No. 44

FULL NAME OF CHILD FREDERICK [redacted] Nelson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	(To be answered only in event of plural births)		Yes	2 21 1913

FATHER

FULL NAME: Charles Melvern Nelson

RESIDENCE: Pocatello Ida

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Blackfoot Ida

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Leora Marie Cochran

RESIDENCE: Pocatello

COLOR: White AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Salt Lake City

OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [redacted] Roberts

Physician

(Physician or Midwife)

Address Pocatello Idaho.

Given names added from a supplemental report

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Registrar

Filed 2/25 19 13 O B Straly

Registrar

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1943

453/23.005-331

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1034 N. Garfield St.

Registration District No. 19 File No. 11602

Primary Registration District No. 1002 Registered No. 45

Hospital Robert Clark Decker

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	Febry 23 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME E. E. Decker	FULL MAIDEN NAME Maria Clark
RESIDENCE 1034 N. Garfield	RESIDENCE 1034 N. Garfield
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 51 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE California
OCCUPATION for Water Service, Railroad	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Feb. 23rd 1913 at 3:20 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton

Pocatello Ida
(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

.....19.....

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Registrar

Filed 3/25 19 13 O B Straly
Registrar

8-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JAN 27 1942

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Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1104 N. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11603

Registration District No. 19 File No. 1

Primary Registration District No. 1002 Registered No. 46

FULL NAME OF CHILD Charles Winn.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Febry 24 1913

FATHER	MOTHER
FULL NAME Ephraim C. Winn	FULL MAIDEN NAME Theodosia Willis
RESIDENCE 1104 N Hayes	RESIDENCE 1104 N. Hayes Ave.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 38 (Years)
BIRTHPLACE Nephi, Utah	BIRTHPLACE Des Moines, Iowa
OCCUPATION Watchman for R.R.	OCCUPATION Housewife

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Febry 24, at 3:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. M. Newton

Pocatello Ida

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

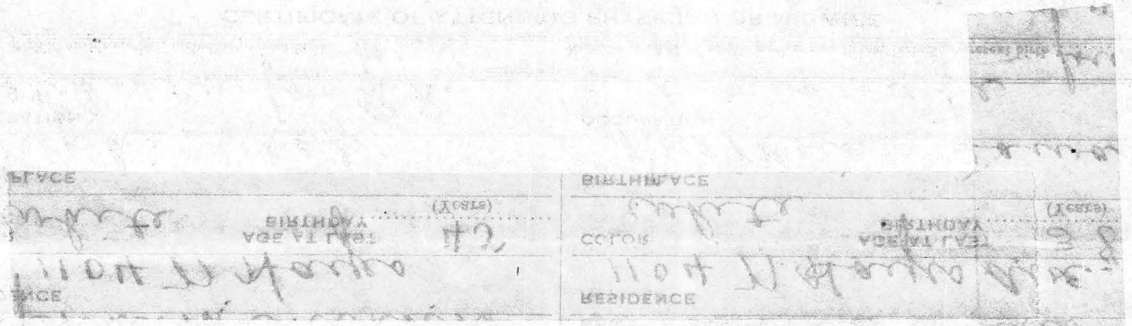
Filed 2/25 19 13 O B Sterly
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



152-126-603-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 837 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11604

Primary Registration District No. 1002 Registered No. 47

FULL NAME OF CHILD Edward Alfred Jrssop

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Feb 26th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward Alfred Jrssop	Marjorie Cronk
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Trinidad Colo	London Eng.
OCCUPATION	Musician	H. W.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 26/13, at 1.25 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Castle MD
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

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Registrar

Filed 2/28 19 13 J B Straley
Registrar

S-Y CO. 20174

JUN 17 1942

366-126-003-437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 617 S. Harrison St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11606

Registration District No. 19

File No. 1002

Primary Registration District No. 49

Registered No.

Hospital

FULL NAME OF CHILD Baby Cowlishaw

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2-26-1913

	FATHER	MOTHER
FULL NAME	Chas A Cowlishaw	FULL MAIDEN NAME Elva Gertrude Kaye
RESIDENCE	Pocatello Ida	RESIDENCE Pocatello Ida
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Utah Co Nayo	BIRTHPLACE Wichita Kans.
OCCUPATION	Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 9 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Sturdy M.D.

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 2/28 19 13 J B Sturdy
Registrar

S-Y CO. 20174

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

965 418 003-791

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11607

County of Bannock

Registration District No. 19

File No.

City of Pocatello

No. 718 N. Hayes St.

Primary Registration District No. 1002

Registered No. 52

Hospital

FULL NAME OF CHILD Emiel Elsner Zuercher

Sex of Child: Male | Twin, Triplet, or other? | and Number in order of birth: 4 | Legitimate? Yes | Date of birth: Feb 16, 1913

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Frederick A. Zuercher	FULL MAIDEN NAME: Marguerite Gray
RESIDENCE: Pocatello	RESIDENCE: Pocatello
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: South Carolina
OCCUPATION: Butcher	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. McKay M D

(Physician or Midwife)

Address Pocatello Ida

Given names added from a supplemental report

....., 19.....

Filed 3/4 19 13 O B Straley

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Z- ZWEIGART

DUP OF 1913-315152

(89-211-003-484

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1145 S 04th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

11608

Registration District No. 19

File No. 2

Primary Registration District No. 1002

Registered No. 53

FULL NAME OF CHILD Hazel May Whitney

Sex of Child Female

Twin, Triplet, or other? and Number in order of birth 1

(To be answered only in event of plural births)

Legitimate? Yes.

Date of birth Feb. 11, 1913

(Month) (Day) (Year)

FATHER	MOTHER
FULL NAME John Arrington Whitney	FULL MAIDEN NAME Stella May Raymond
RESIDENCE Pocatello, Ida.	RESIDENCE Pocatello
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22
BIRTHPLACE Kansas	BIRTHPLACE (America) Iowa
OCCUPATION Postal Clerk	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. May

(Physician or ~~Midwife~~)

Address Pocatello Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/4 19 13 U. E. Eagle

Registrar

S-Y CO., 16670

MARRIAGE CERTIFICATE RESERVED FOR BINDING

WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child born at one birth a SEPARATE RETURN must be made for each and the number of each child in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

MATTERS WITH UNDERLINING

NOV 2

134-113-003-293

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11609

County of Bannock.

City of Pocatello Registration District No. 19 File No. 2

No. St. Primary Registration District No. 1002 Registered No. 54

Hospital Pocatello General

FULL NAME OF CHILD Baby Aldazabal

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 13 1913

	FATHER	MOTHER
FULL NAME	Joseph Aldazabal	FULL MAIDEN NAME Florentina Bilbao
RESIDENCE	354 So 2nd	RESIDENCE 354 So 2nd
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY 20
BIRTHPLACE	Spain	BIRTHPLACE Spain
OCCUPATION	Laborer	OCCUPATION Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. [illegible] M D

(Physician ~~or Midwife~~)

Given names added from a supplemental report

Address Pocatello, Ida.

....., 19.....

Filed 3/4 19 13 O B Sturdy

Registrar

S-Y CO., 16570

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a separate RETURN must be made for each and the number of each child in order of birth stated

55 4/21-003-699

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11610

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 454 So 2nd St.

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 56

Hospital

FULL NAME OF CHILD Eudy

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	L	L	yes	2 21 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Edgar Eudy	FULL MAIDEN NAME	Margaret Orr
RESIDENCE	Ely, Nev	RESIDENCE	Ely Nev
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Hotel Manager	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O P Stacey

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-22-1913 O P Coleman

Registrar

S-Y CO. 20174

Registrar

dup of 1913-11937

177-215-[illegible]-466

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

CE OF BIRTH

County of Canyon

Caldwell

[redacted] Blain St.

Hospital —

Registration District No. 3 — File No. 11611

Primary Registration District No. 1005 — Registered No. 37

FULL NAME OF CHILD Elenora Apperson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Feb. 15 1913

FATHER

FULL NAME: Earnest C. Apperson

RESIDENCE: Caldwell, Idaho.

COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Kansas.

OCCUPATION: Realestate

MOTHER

FULL MAIDEN NAME: Ella Doolittle

RESIDENCE: Caldwell, Idaho.

COLOR: White. — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Kansas.

OCCUPATION: Housewife.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1230 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) John S. Meyer

(Physician or Midwife)

Address Caldwell, Idaho.

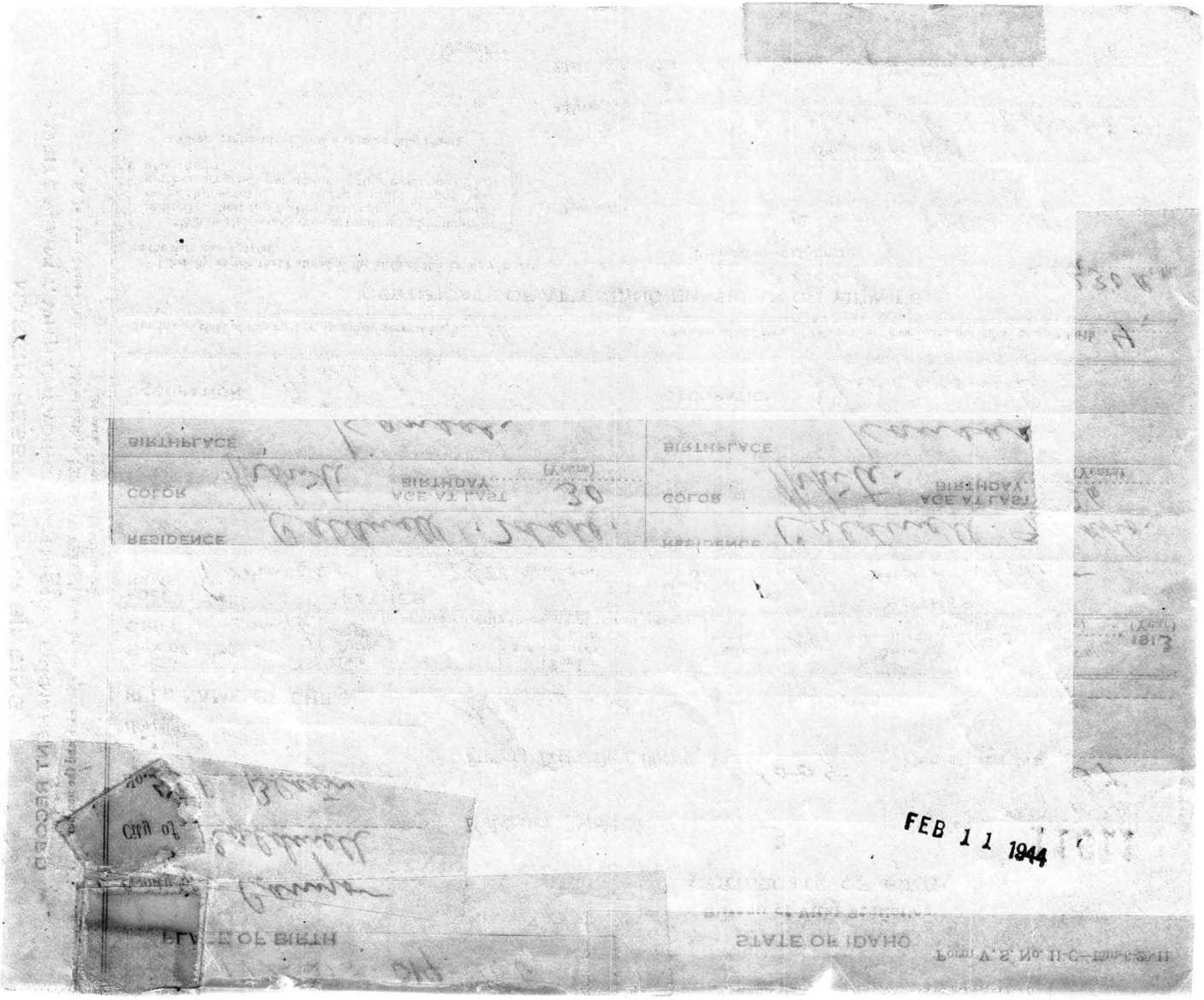
Filed Feb. 17 1913 John S. Meyer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



FEB 11 1944

Amended 3-3-58

PLACE OF BIRTH

693-20710 4-152

County of Canyon

City of Middleton

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 11613

Primary Registration District No. 2005 Registered No. 31

FULL NAME OF CHILD Noma Grace Williams
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	February 7, [redacted] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

FATHER	MOTHER
FULL NAME: Edward G. Williams	FULL MAIDEN NAME: Mary Lee Jessee
RESIDENCE: Middleton, Idaho	RESIDENCE: Middle ton, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hamer

Physician
(Physician or midwife)

Address Middleton, Idaho

Give names added from a supplemental report.

....., 192.....

....
Registrar.

Filed 2-12-1913 [redacted] J. S. Meyer
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3 File No. 11613

No. ____, ____ St.

Primary Registration District No. 2005 Registered No. 31

Hospital ____

FULL NAME OF CHILD Nome Grace Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		10th	yes	Feby 7, 1913

FATHER	MOTHER
FULL NAME: Edward S Williams	FULL MAIDEN NAME: Mary Lee Jessee
RESIDENCE: Middleton	RESIDENCE: Middleton
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 42 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: House Wife

Number of child of this mother, including present birth: 10th

Number of children, of this mother, now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hamer M D

Physician

(Physician or Midwife)

Address Middleton Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 17 1913 Jos. S. Meyer Registrar

S-Y CO., 16670

MAR 4 1958

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Glen } ss.

Certificate No. 11613

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Nome Grace Williams (Name on Original Certificate) who was born (Was Born or Died) on Feb 7, 1913 (Date of Event)
in Middleton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on Year 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nome Grace Williams	Noma Grace Williams
	Marriage License July 20, 1933 Viewed by v.s.	

Subscribed and sworn to before me this 27th day of February, 1958

B.V. Tappan
Notary Public, residing at Emmett, Idaho
My commission expires Oct. 16, 1959
(Seal)

Signed Nellie Tappan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
203-E. 1/2 Emmett Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Canyon } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

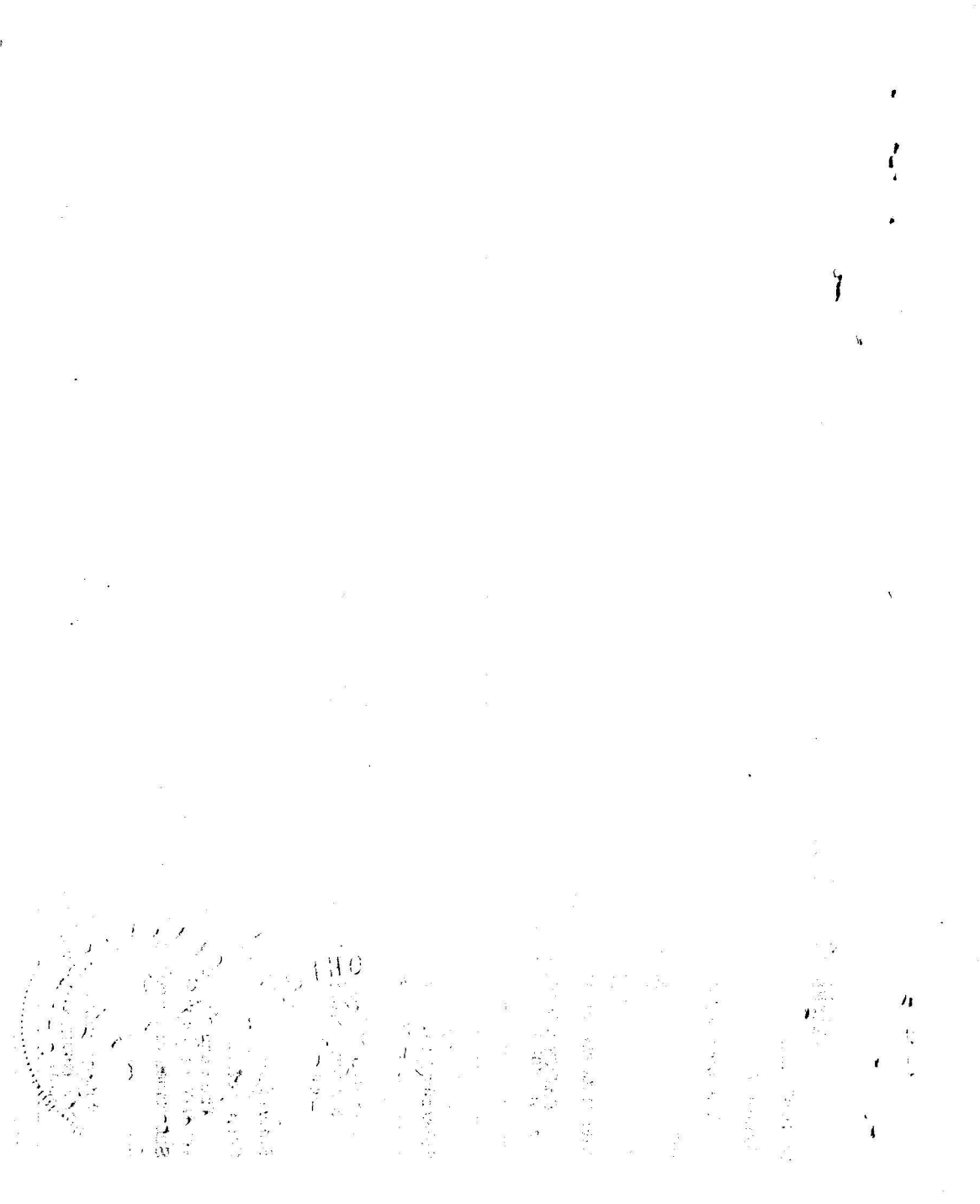
The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of March, 1958

Notary Public, residing at Caldwell Ida
My commission expires Aug 23, 1961
(Seal)

Signed Minnie A Munn
(Signature of Any Credible Person)
Box 502 Caldwell Ida
(Street Address, City, State)

FORM DPH 55. 155



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PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Hospital no

Registration District No. 3 File No. 11614

Primary Registration District No. 2005 Registered No. 32

FULL NAME OF CHILD Lawrence William Kendall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Feb 8 - 1913

FATHER		MOTHER	
FULL NAME	E. J. Kendall	FULL MAIDEN NAME	Florence Bain
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

(Signature) S. J. Miller (M. D.)

(Physician or midwife)

Address Caldwell Ida

Filed Feb. 25 1913 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

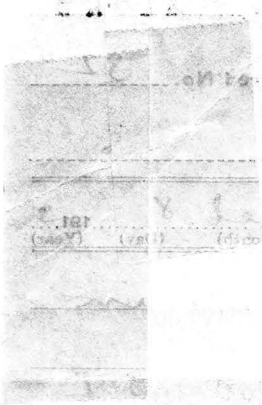
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



FEB 2 – 1954

231-209.04-569

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Wilder

No. P.O. Greenleaf

Registration District No. 3

Primary Registration District No. 2005

File No. 11615

Registered No. 34

Hospital

FULL NAME OF CHILD Grace Emille Scanlan

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female			yes	Feb 9

FATHER		MOTHER	
FULL NAME	Benjamin Scanlan	FULL MAIDEN NAME	Lillian Bell Norman
RESIDENCE	Wilder, Idaho	RESIDENCE	Wilder, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	New York State
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joh S. Meyer

(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Feb 11 1913

Joh S. Meyer
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 15 1971

PLACE OF BIRTH 63

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 11616

No. —, St.

Primary Registration District No. 2005

Registered No. 35

Hospital —

FULL NAME OF CHILD Lillian Vivian Loraine murphy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4th	yes	2 — 9 — 1913

FATHER		MOTHER	
FULL NAME	Thomas J. murphy	FULL MAIDEN NAME	Emma Nettie Folsom
RESIDENCE	Middleton Ida	RESIDENCE	Middleton Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hayes M.D.

Physician

(Physician or Midwife)

Address Middleton, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Feb. 12 1913 Jas. D. Hayes

Registrar

Registrar

5-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 8 1944

219-214-814-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. R. F. D. #3 St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 11617

Primary Registration District No. 2005 Registered No. 36

Hospital

FULL NAME OF CHILD MARJORIE VIRGINIA ~~Katherine Louise~~ Barnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female.			Yes.	Febr. 14, 1913

FATHER		MOTHER	
FULL NAME	Ira J. Barnett.	FULL MAIDEN NAME	Maud I. Turner.
RESIDENCE	Caldwell, R. F. D. #3	RESIDENCE	Caldwell R. F. D. #3.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	35.	AGE AT LAST BIRTHDAY (Years)	29.
BIRTHPLACE	Illinois.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

Physician (Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

....., 19.....

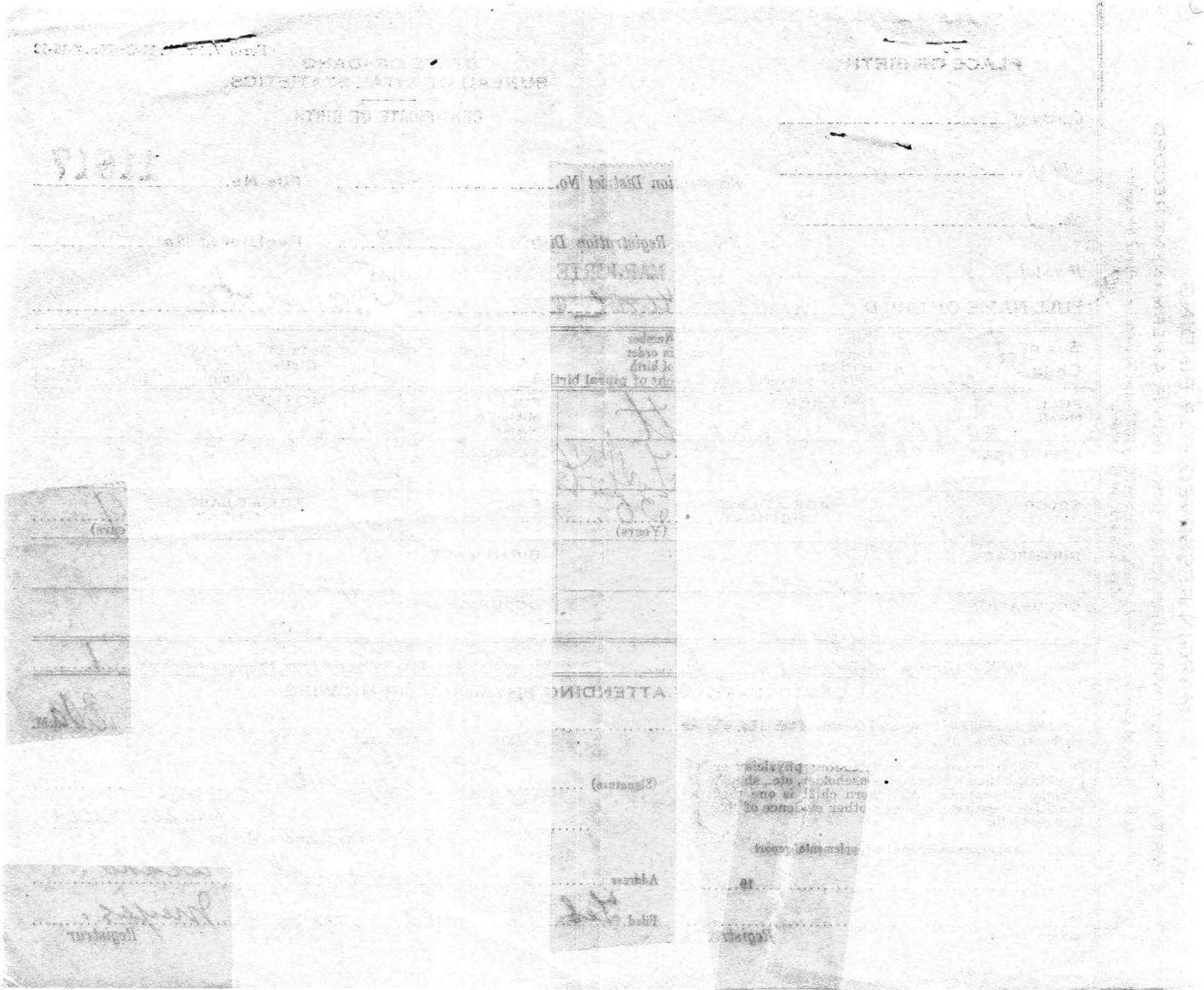
Filed Feb. 22, 1913 John S. Meyer, Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Skagit

Certificate No. 11617

Date Filed June

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for Katherine Louise (Name on Original Certificate) who Born (Was Born or Died) on Feb. 14. 1913 (Date of Event)
in Deer Flat - 7mi. SW. Caldwell (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Katherine Louise	Marjorie Virginia Barnett

Subscribed and sworn to before me this 29th day of June, 1943

Notary Public, residing at Mt Vernon

My commission expires 11-8-46
(Seal)

Signed Ira L Barnett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

105 Sugarcreek Drive
(Street Address, City, State)
Mount Vernon Wash.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Skagit

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of June, 1943

Notary Public, residing at Mt Vernon

My commission expires 11-8-46
(Seal)

Signed Mrs A E McMalcolm
(Signature of Any Credible Person Other Than Previous Year)

121 Broadway
(Street Address, City, State)
Mount Vernon Wash

JUL 2 1943

495-216-014-695

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Notus - Idaho. Registration District No. 3 File No. 11618

No. ..... St. Primary Registration District No. 2005 Registered No. 38

Hospital .....

FULL NAME OF CHILD Irma Marie Dietrich

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	other (To be answered only in event of plural births)	2nd	yes	Feb. 16th 1913

FATHER		MOTHER	
FULL NAME	Henry Dietrich	FULL MAIDEN NAME	Augusta Hincke
RESIDENCE	Notus Ida.	RESIDENCE	Notus Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Notus Ida	BIRTHPLACE	Caldwell Ida.
OCCUPATION	Farmer.	OCCUPATION	Housekeeper.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was four alive (Born alive or stillborn) at 1450 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Henry

Physician

(Physician or midwife)

Address Notus Idaho.

Given names added from a supplemental report

..... 19.....

Filed Feb. 22nd 1913 John S. Meyer

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 1 1967

JUL 2 4 1969

DECEASED

285·216·014-314

Form V. S. No. 11-C—20m-2-1

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton Registration District No. 3 File No. 11619

No. ..... St. Primary Registration District No. 2005 Registered No. 39

Hospital .....

FULL NAME OF CHILD Mildred Lucile Shelton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M			Yes	Feby 16 191

FATHER		MOTHER	
FULL NAME	Clarence D Shelton	FULL MAIDEN NAME	Etta May Lampe
RESIDENCE	Middleton	RESIDENCE	Middleton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 9. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Hall MD

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 24 1913 Jas S Meyer Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1954
MAY 3 1967
AUG 21 1974

a53-17-014-852

Form V. S. No. II-C—20m-2-13-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital no

Registration District No. 3 File No. 11620

Primary Registration District No. 2005 Registered No. 40

FULL NAME OF CHILD Archie Bellin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	Feb 17 1913

FATHER		MOTHER	
FULL NAME	O. J. Bellin	FULL MAIDEN NAME	Mamie Hoelop
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Bellin (m.w.)

(Physician or midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 25th 1913 John H. Meyer

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 12 1975

JAN 7 1952

449-12-014133

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital no

Registration District No. 3 — File No. 11621

Primary Registration District No. 2005 — Registered No. 41

FULL NAME OF CHILD George L. Durham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Feb 22 1912

FATHER		MOTHER	
FULL NAME	N. Durham	FULL MAIDEN NAME	Pearl Allen
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Ky	BIRTHPLACE	mo
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) S. J. Miller

(Physician or midwife)

Address Caldwell Ida

Filed Feb. 25th 1913 Jas. S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 1942

314/02·014-359

Amended 10/29/75

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11622
Local Reg. No.
Reg. Dist. No. 3

1. PLACE OF BIRTH
a. COUNTY: Canyon
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parma
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parma
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Tony
b. (Middle): H.
c. (Last): Cada

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month)	(Day)	(Year)
M	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	2	2	1913

FATHER OF CHILD

7. FULL NAME
a. (First): Karl
b. (Middle):
c. (Last): Cada

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Bohemia	Rancher	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Terin

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
24 YEARS	Bohemia			

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: R. J. Cluen

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Parma, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2/3/1913

22. REGISTRAR'S SIGNATURE: R. J. Cluen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...TAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
OCT 11 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Washington }

Certificate No. 11622

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Antoni Cada (Name on Original Certificate) who was born (Was Born or Died) on Feb. 2, 1913 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on October 17, 1955 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Antoni	Tony H. Cada

Subscribed and sworn to before me this 7th day of October, 19 75

Notary Public, residing at Weiser, Idaho
My commission expires 5-1-77
(Seal)

Signed Harold J Pearson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Route, Midvale, Idaho 83645
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Washington }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 19 75

Notary Public, residing at Weiser, Idaho
My commission expires 5-1-77
(Seal)

Signed Harold J Pearson
(Signature of Any Credible Person)

Star Route, Midvale, Idaho 83645
(Street Address, City, State)

FORM DH 60-155 CL 9/24/75 1cc pd. rec. #18272

Own child's birth certif on file in Idaho gives name as Darlene Ruth Cada born Dec 12, 1956 at Council, Idaho. father's name as Tony H. Cada and mother's name as Mildred Jeanete Jacks. File No. 56-15028.
viewed by V. S.

XXX Application to the Equitable Assurance Society of the U.S. gives name as Tony Harold Cada born Feb. 2, 1913. dated Oct. 17. 1955. viewed by V. S.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 11622

Primary Registration District No. 2007 Registered No. 54

FULL NAME OF CHILD Antonio Cada

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	2 2 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Karlo Cada	Mary Terini
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	24
BIRTHPLACE	Bohemia	Bohemia
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Green

M. D.
(Physician or Midwife)

Address Parma - Idaho.

Given name added from a supplemental report

....., 19.....

Filed 2/3 13 R. J. Green
Registrar

Registrar

S-Y CO., 16569

P-4 6/11/41

OCT 2 9 1975

622-207-61X-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma R.1.

No. ..... St.

Registration District No. 3 File No. 11629

Primary Registration District No. 2004 Registered No. 55

Hospital .....

FULL NAME OF CHILD Lillian Abigal Osborne

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
fem.	—	—	yes	Feb (Month) 7 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm. J. Osborne	Mary E. Simpson
RESIDENCE	Parma R.1.	Parma R.1.
COLOR	white	white
AGE AT LAST BIRTHDAY	35 (Years)	28 (Years)
BIRTHPLACE	Canada	Canada
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M. D.

(Physician or midwife)

Address Parma, Idaho

Given names added from a supplemental report

..... 19.....

Filed 9/20 1913 R. J. Allen

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 14 1965

419-115-014-395

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3

File No. 11624

Primary Registration District No. 2007

Registered No. 56

FULL NAME OF CHILD Homer Parker March

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	✓	✓	Yes	2 15 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	M. L. March	FULL MAIDEN NAME	Anna Crew
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.20 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. J. Crew

M. D.

(Physician or Midwife)

Address Parma, Idaho

Given name added from a supplemental report

..... 19....

Filed 2/15 1913 R. J. Crew

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 17 1942

755-11810-14-168

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 11625

Primary Registration District No. 2007 Registered No. 57

FULL NAME OF CHILD Johnny Pivick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. J. Pivick	Johanna Johnson
RESIDENCE	Parma	Parma
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Norway	Norway
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. Rieman

M. D. (Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

..... 19.....

Filed 2/18 19 13

..... Registrar

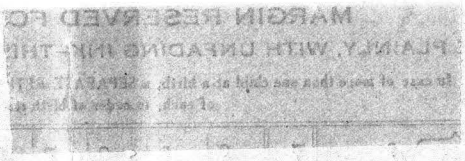
..... Registrar

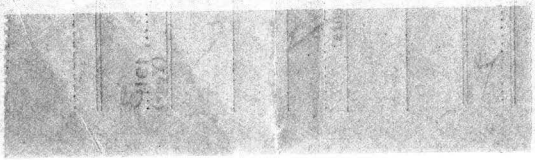
S-Y CO., 16569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

846.105.014-891

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R.F.D. No 3 St.

Hospital X

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1013 File No. 11626

Primary Registration District No. 2006 Registered No. 44

FULL NAME OF CHILD Elmer Ray Huff

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X	X	yes	Feb 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Othello Huff	Rhoda L. Hiatt
RESIDENCE	Nampa R.F.D. No 3	Nampa R.F.D. No 3
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Kansas	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or midwife)

Address Nampa Idaho

Filed Feb 15 - 1913 C. P. Miller

Given names added from a supplemental report

.....19.....

.....
Registrar

S-Y CO. 20174

Registrar

COLOR	AGE AT LAST BIRTHDAY (Years)	BIRTHPLACE
COLOR	AGE AT LAST BIRTHDAY (Years)	BIRTHPLACE

79-294-014-719

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Nr. Nampa

No. ____ St.

Hospital ____

Registration District No. 1003 File No. 11627

Primary Registration District No. 2006 Registered No. 43

FULL NAME OF CHILD Gladys Graham

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—	—	Yes	2 4 1913

FATHER		MOTHER	
FULL NAME	Roy B. Graham	FULL MAIDEN NAME	Sylvan Martin
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Ida	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Beller M.D.

Phys.
(Physician or midwife)

Address Nampa Ida

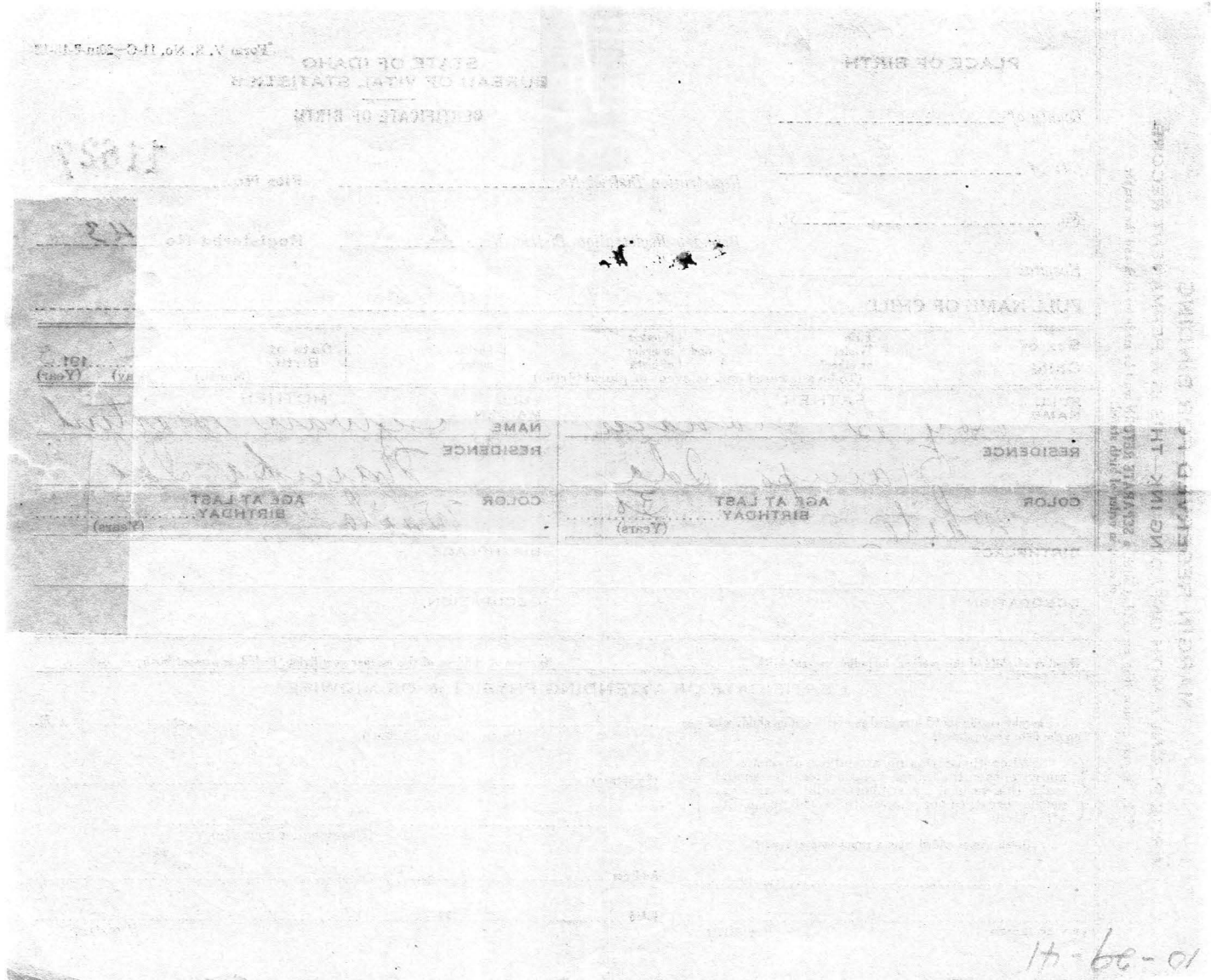
Given names added from a supplemental report

....., 19.....

Filed 9-10-19.13 O. B. Beller
Registrar

S-Y CO. 20174

Registrar



10-29-01

386-117-014-462

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 11628

Primary Registration District No. 2006 Registered No. 49

FULL NAME OF CHILD Dale Harold Thompson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No	1	Yes	2/17/1913

FATHER

FULL NAME Wm Thompson

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Ireland

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Reba E Mosher

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Nebr

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 AM, on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S D Clemans MD

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-28-1913 C B Beller MD Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FOR BIRTHS

NK—THIS IS A PERMANENT RECORD

[redacted]

PLACE OF BIRTH

No. 11-C—10m-8-7-11

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No ____, ____ St.

Hospital ____

Registration District No 1003 File No 11629

Primary Registration District No 2006 Registered No 53

FULL NAME OF CHILD Leila Ruth Crull

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	2	Yes	Feb 24 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Linsey Crull	FULL MAIDEN NAME Irene Bernard
RESIDENCE	Nampa Ida	RESIDENCE Nampa Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Ind	BIRTHPLACE Ida
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 8 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D.D. Calagren M.D.

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Nampa Ida

Filed 2-28-1913 O.B. Bell M.D.

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

SITE PLANLY, WITH UNFADING INK—THIS IS A PERMANENT REC

11629

STATE OF IDAHO

Board of Health—Bureau of Vital Statistics

53 19

I hereby certify that the child

of Amsey Crill
(Name of Father)

and Reine Bernard
(Maiden Name of Mother)

Corrected

Born on February 24th 1913

has been named Lida Crill

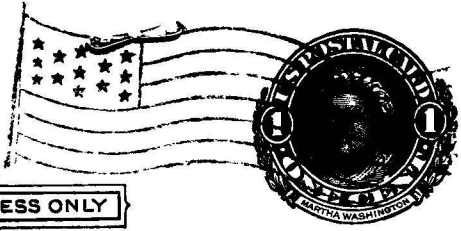
Mr. & Mrs. A. Crill
(Signature of Father or Mother)

[redacted]

NAMPA, IDAHO
MAR 17
2-PM
1913

REPLY CARD

THIS SIDE OF CARD IS FOR ADDRESS ONLY



John S. Meyers M.D.
Caldwell.
Idaho.

(Box 543)

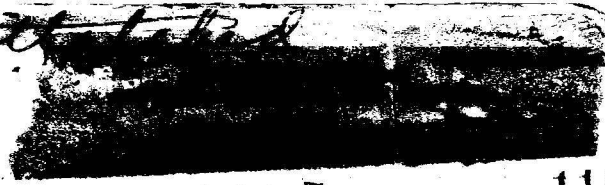
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

See note attached

PLACE OF BIRTH



20m-8-15-12

County of Canyon

City of Nampa

Registration District No. 1003 File No. 11630A

No. ..... St.

Primary Registration District No. 1006 Registered No. 51

Hospital .....

FULL NAME OF CHILD Ralph Gibson Commodore Grant Gibson

Sex of Child Male | Twin, Triplet or other? Twins | and | Number in order of birth ? | Legitimate? yes | Date of Birth Jan 9 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ralph Gibson	FULL MAIDEN NAME	Mary Wells
RESIDENCE	Nampa, Ida	RESIDENCE	Nampa, Ida,
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo.	COLOR	White
OCCUPATION	Laborer	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Mich
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5-30 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. D. Calouya

Ohys (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2/28 1913 A B Bellinger Registrar

S-Y CO. 20174

AUG 14 1943

SEP 9 1942

792-11-9014-653

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11630 B

County of Canyon

City of Nampa

No. ..... St.

Registration District No. 3 File No. .....

Primary Registration District No. 1006 Registered No. 52

Hospital .....

FULL NAME OF CHILD Theadore Ralph Gibson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	JANUARY 19 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Ralph Gibson	FULL MAIDEN NAME	Mary Wells
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mo	BIRTHPLACE	Mich
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. D. Calonge

(Physician or midwife)

Address Nampa, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Feb. 28 - 1913 O. B. Bellar Jr. D.

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 9 1942

DECEASED

O- changed cert # from 11630 to 11630 B A/P H.O. Instructions. PE 1-10-12

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 11630

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), **are:**

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date	Feb. 19th	Jan. 19, 1913

Subscribed and sworn to before me this _____
day of _____, 19____.

_____
Notary Public, residing at _____

My commission expires _____
(Seal)

Signed Mrs. Mary E. Gibson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

_____
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____.

_____
Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

AUG 14 1943

81-22-014-114

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1603 File No. 11631

Primary Registration District No. 1606 Registered No. 50

FULL NAME OF CHILD Ethel Elsye Hammond

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	—		Yes.	2 24 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Amos Hammond	Elsye James
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	26
BIRTHPLACE	Fanning Mich.	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. O. B. Beller

Physician

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

Filed 2-28-19 13 O. B. Beller M.D.

..... Registrar

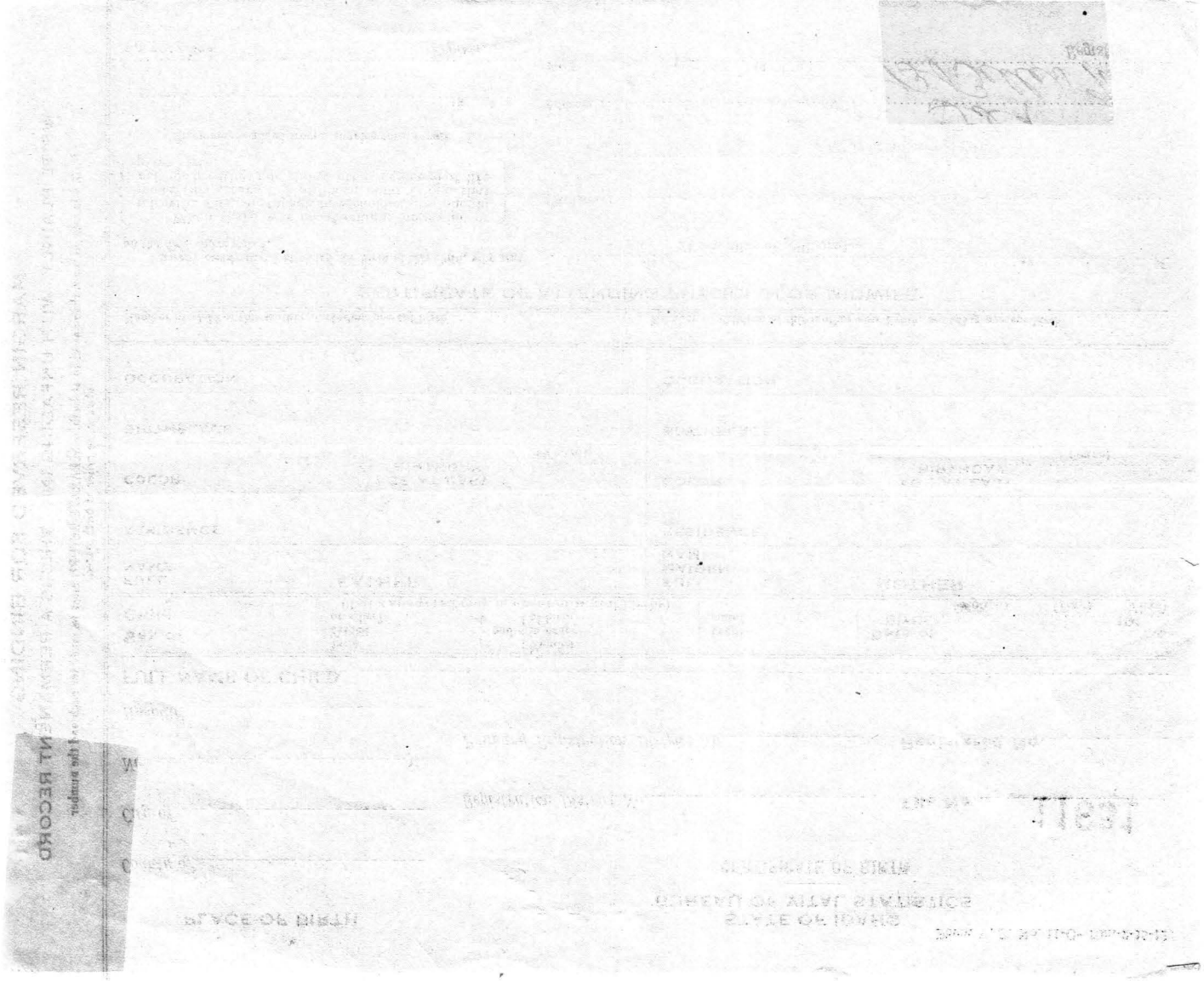
Registrar

5-Y CO: 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



213-2101 OK 385

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital Mary Nna

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11632

Registration District No. 5 File No. .....

Primary Registration District No. 1006 Registered No. 48

FULL NAME OF CHILD Baltazar

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	No (To be answered only in event of plural births)	4	Yes	Feb 6 1913

FATHER

FULL NAME Walter Baltazar

RESIDENCE Nampa Ida

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Kans

OCCUPATION Brewery Employee

MOTHER

FULL MAIDEN NAME Bratz Lynn

RESIDENCE Nampa Ida,

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Ia,

OCCUPATION Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Boneless (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Calvert M.D.

Phys (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

.....
Registrar

Filed 2-20-19 13 O. B. Beller M.D.
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1969

313-210-014-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 11633

Primary Registration District No. 1006 Registered No. .....

FULL NAME OF CHILD Myriam Callicoat

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	2 10 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Martin Callicoat	Mae Ellington
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Iowa	Neb
OCCUPATION	Coal Land	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr B Bellew MD

Phys. Nampa Ida (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-15-1913 Dr B Bellew MD Registrar

S-Y CO. 20174

755-115-014-134

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. 123 12th Ave North

Registration District No. 3 — File No. 11634

Primary Registration District No. 1116 — Registered No. 46

Hospital X

FULL NAME OF CHILD Unnamed (Returned)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	X	X	Yes	Feb 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Manuel Guevara	Elvira Celdasobal
RESIDENCE	Nampa Ida	Nampa Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	22
BIRTHPLACE	Spain	Spain
OCCUPATION	Boarding house keeper	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Murray

Physician

(Physician or midwife)

Address Nampa Ida

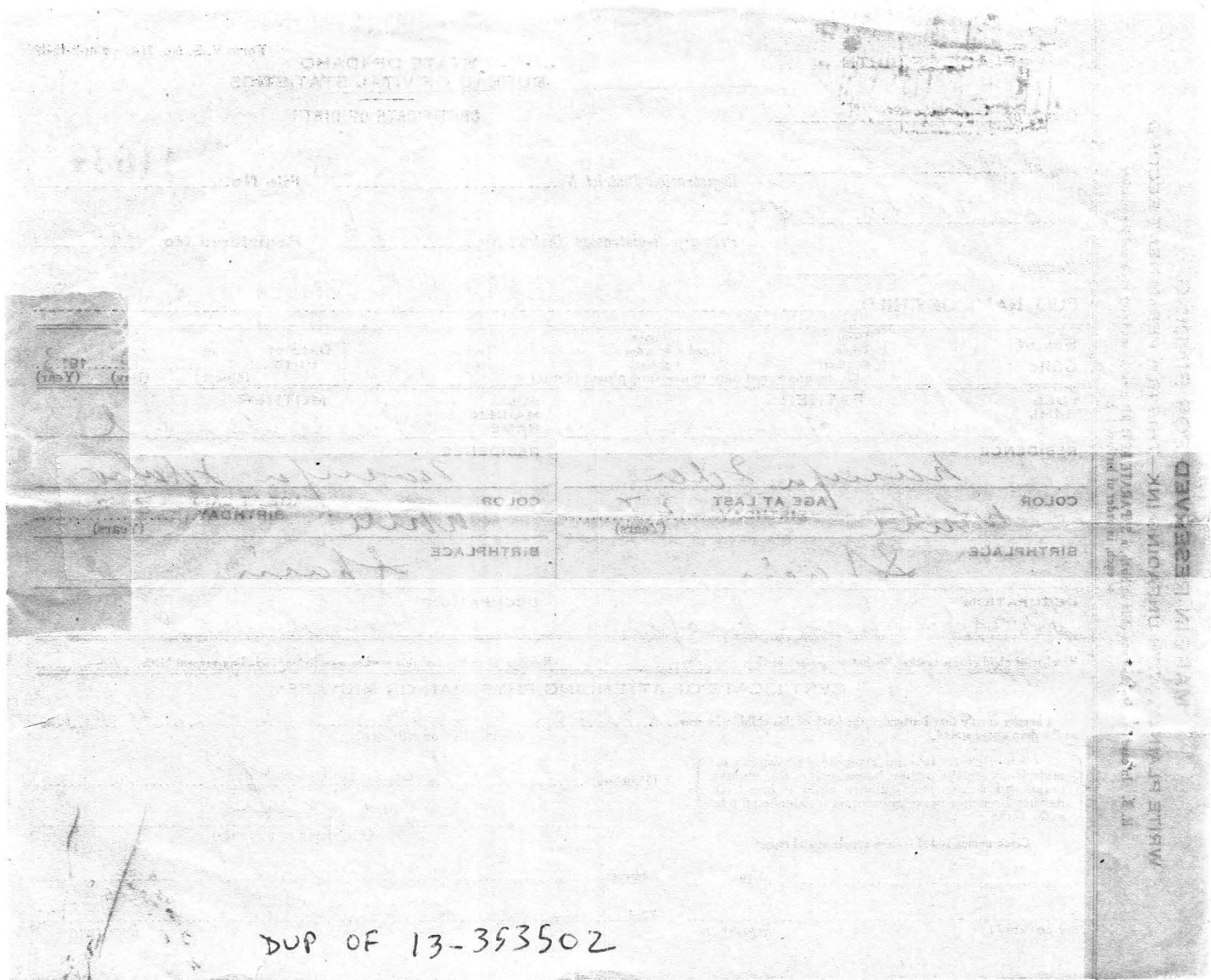
Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 2-21-19 13 C B Buller M.D.
Registrar

6-Y CO. 20174



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69-205 : 029-439

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of LaCok

City of Potlatch

No ____, Spruce St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15

Primary Registration District No 2066

File No 11636

Registered No 62

FULL NAME OF CHILD Leona Drum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	2 5 1913

FATHER		MOTHER	
FULL NAME	John Drum	FULL MAIDEN NAME	Ollie McIntire
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Penn
OCCUPATION	Laborer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2+0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. LePard M D

(Physician or Midwife)

Address Potlatch Ida

Given names added from a supplemental report

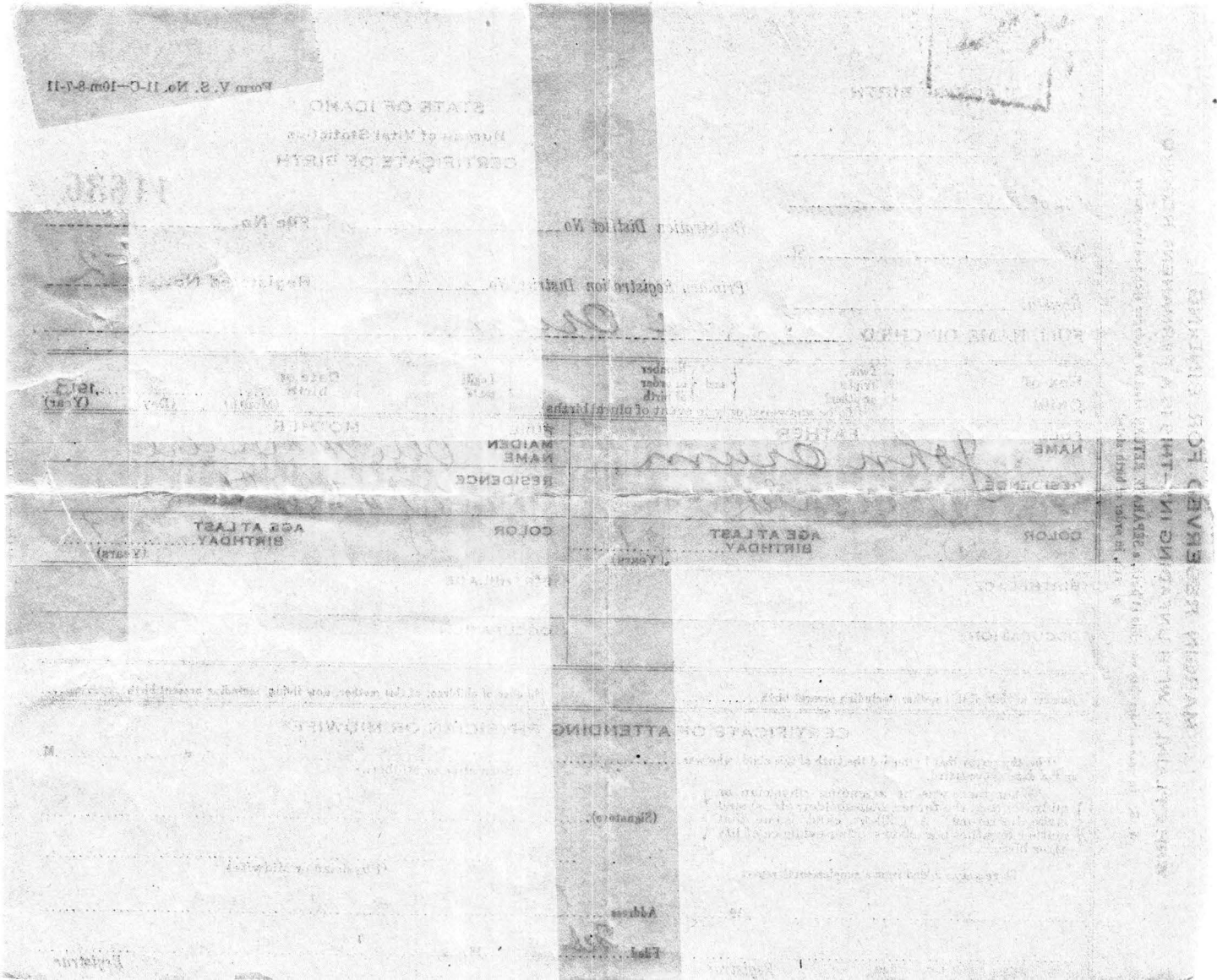
....., 19.....

Registrar

Filed Feb 15th 1913

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



4/2.112.029.314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

~~City of~~ Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11637

Registration District No 15 File No ____

Primary Registration District No 2066 Registered No 53

FULL NAME OF CHILD Francis Mason

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Feb 12 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Harvey Mason	Pearl Lambert
RESIDENCE	Potlatch	Potlatch
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	33
BIRTHPLACE	Ohio	Minn
OCCUPATION	Engineer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 10 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. J. Heinz MD

(Physician or Midwife)

Address Palouse Wash.

Given names added from a supplemental report

....., 19.....

Filed Feb. 17 1913. Dr. J. M. Thompson

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 10 1942

355.2241 029-551

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow, Ida.

No. #R 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 2062

File No. 11638

Registered No. 32

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb. 24 1913

FATHER		MOTHER	
FULL NAME	Charlie Lee	FULL MAIDEN NAME	Vangie Evans
RESIDENCE	Moscow, Ida. #R 4	RESIDENCE	Moscow, Ida. #R 4
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Washington
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutsmuth
Ctr. L. H. C.
(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report

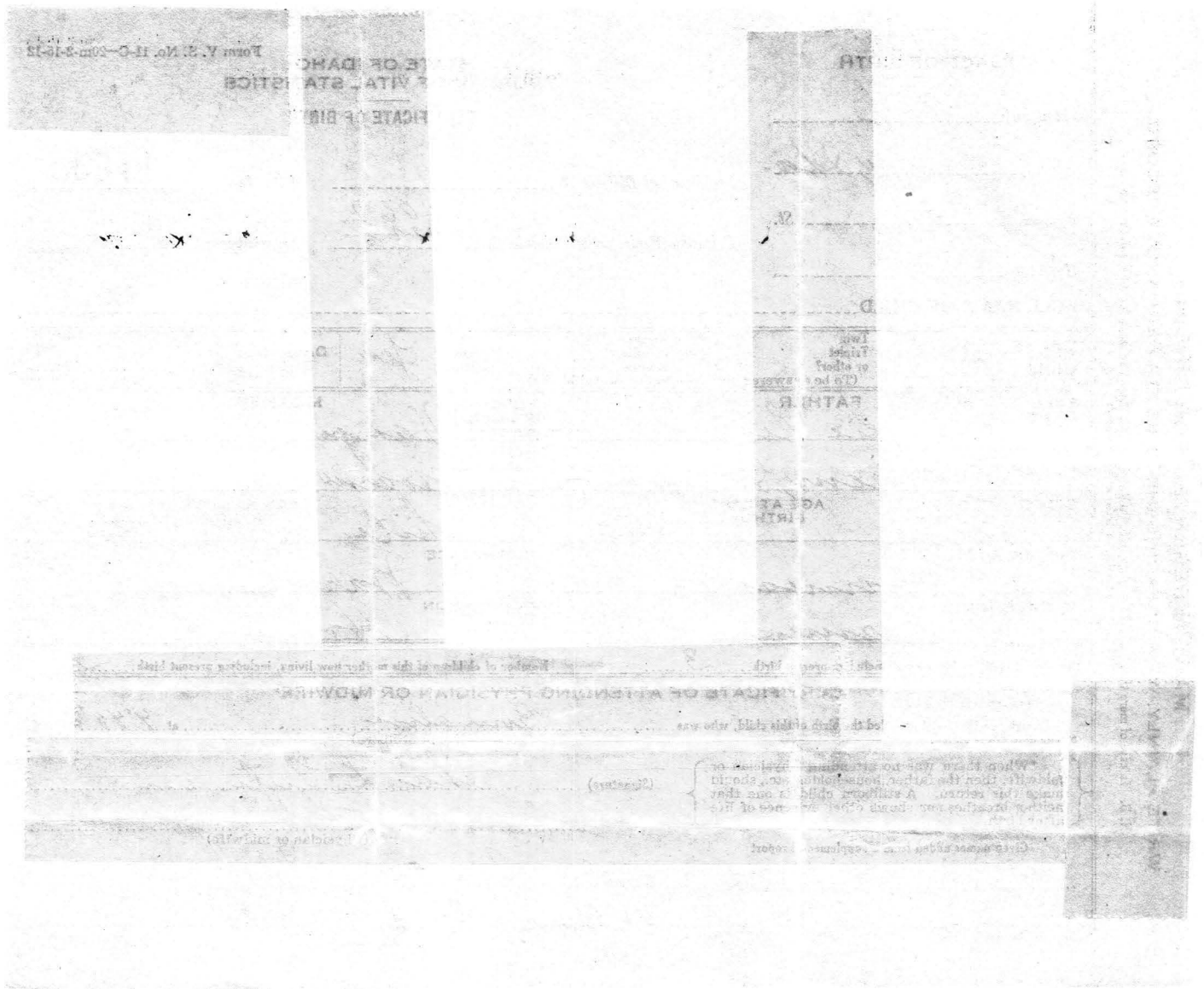
.....19.....

.....
Registrar

Filed Mar. 1st 19 13

L. T. Rae
Registrar

S-Y CO. 20174



319.113.029-V.9

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 11639

Primary Registration District No. 1198 — Registered No. 43

FULL NAME OF CHILD Lawrence Gustaf Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Feb 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Carlson	Adella Martinson
RESIDENCE	Moscow	—
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	Minn	Wis
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12-30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry Carlson

Father

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed Mar 5 1913 D. F. Rae

Registrar

..... Registrar

S-Y CO. 20174

JUN 26 1942

MAR 22 1945

866.218.029-359

Form V. S. No. 11-C—20m-2-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. 911 S. Washington St.

Hospital Velma

Registration District No. 15 File No. 11640

Primary Registration District No. 1008 Registered No. 46

FULL NAME OF CHILD Marie Hofmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 18 1913

FATHER		MOTHER	
FULL NAME	Henry Hofmann	FULL MAIDEN NAME	Grace E. Leitch
RESIDENCE	Kooskia Idaho	RESIDENCE	Kooskia Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Jaynesville Minn.	BIRTHPLACE	St Louis Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

(Signature) F. M. Leitch M.D.

(Physician or midwife)

Address Moscow Idaho

Filed Mar 5 1913 D. F. Rae Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 10 1945

463-125-029-592

PLACE OF BIRTH

County of Latah

City of Moscow, Ida.

No. 113 North Nash St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11641

Registration District No. 5 File No.

Primary Registration District No. 1008 Registered No. 81

FULL NAME OF CHILD Glendon Elwood Mack

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Feb. 25 1913

FATHER

FULL NAME Edward J. Mack

RESIDENCE Moscow, Ida.

COLOR White AGE AT LAST BIRTHDAY 53 (Years)

BIRTHPLACE Nova Scotia

OCCUPATION Carpenter

MOTHER

FULL MAIDEN NAME Amanda M. Vik

RESIDENCE Moscow, Ida.

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 1.20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gritzmacher
Per L.H.C.
(Physician or midwife)

Address Moscow, Idaho

Filed Mar. 1st 19 13 D. F. Rae
Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 2 1969

AUG 1 3 1975

266-111-c 39-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11642

Primary Registration District No. 1008 Registered No. 33

FULL NAME OF CHILD Fred Allen Bowers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Jan 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	P. P. Bowers	Mary E. Parker
RESIDENCE	Moscow	Moscow
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	40	28
BIRTHPLACE	Neb.	Alabama
OCCUPATION	Farmer	—

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 4-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke (Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report

____ 19____ Registrar

Filed Feb. 15 19 13 D. F. Rae Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

24X-201-029-437

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

Amended 10/30/73

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 1208

File No. 11643

Registered No. 34

FULL NAME OF CHILD Verna Suddreth

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		yes	January (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Virgil Suddreth	FULL MAIDEN NAME	Bertha M. McGinn
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7 P. M. on the date above stated.

(Signature) J. N. Clarke

(Physician or midwife)

Address Moscow, Idaho

Filed Feb 15 1913 D. H. Mac
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____
Registrar

S-Y CO.-40174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS OCT 26 10 49 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane }

Certificate No. 11643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Virnie V. Suddreth (Name on Original Certificate) who was born (Was Born or Died) on Jan. 1, 1913 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by See Attached (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Virnie	Verna

Subscribed and sworn to before me this 29 day of September, 19 73

Notary Public, residing at Spokane

My commission expires 1-4-74

(Seal)

Signed Pearl W. Raendel

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kellogg, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4-20-73 NM

Certificate of Marriage from Washington gives groom's name as Leslie Keebler and the bride's name as Verna Suddreth. dated Octob er 6, 1933. Viewed by VS

OCT 30 1973

Letter from Latah Coutny gives school records information for Verna Suddreth. Attended school in 1923 in District #71. Father's name listed as Verge and two sisited as Bernice ans Ines. Viewed by V. S.

262-201-079-296

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11644

Primary Registration District No. 1008 Registered No. 35

FULL NAME OF CHILD Guldie May Boss

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 1 1913

FATHER		MOTHER	
FULL NAME	J. B. Boss	FULL MAIDEN NAME	Ellen Brown
RESIDENCE	Moscow	RESIDENCE	Ellen Brown
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11-30-Q M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke

(Physician ~~or midwife~~)

Address Moscow

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 15 19 13 W. F. Kerr Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 29 1945

912-102-029-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Teton

City of Driggs

No. ____ St.

Hospital ____

Registration District No. 15

Primary Registration District No. 3063

File No. 11645

Registered No. 48

FULL NAME OF CHILD Harold Clayton Rasmussen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	2 2 1913

	FATHER	MOTHER
FULL NAME	Ira Rasmussen	Edith Davis
RESIDENCE	Farmer	Farmer
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	31
BIRTHPLACE	Denmark	Nash
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Green

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 2-4 1913 W. T. Green Registrar

8-Y CO. 20174

10-21-41

SEP 4 1975

964-221-029-546

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 15 File No. 11646

Primary Registration District No. 2063 Registered No. 44

FULL NAME OF CHILD Margaret Leota Rodgers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	2 2 1913

FATHER		MOTHER	
FULL NAME	Dallas Rodgers	FULL MAIDEN NAME	Pearle Edwards
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Neb.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Eheem

Genesee

(Physician ~~or midwife~~)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-4 1913 W. T. Eheem Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 4 1968

767-208.029-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Genesee

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11647

Primary Registration District No. 2063 Registered No. 49

FULL NAME OF CHILD Lucy Marian Poplin

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	\	\	\	Yes	Feb 8 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James Grant Poplin	FULL MAIDEN NAME	Anna Mahon
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	House-wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.15 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. McCall

Physician

(Physician or Midwife)

Address Genesee Idaho

Given names added from a supplemental report

....., 19.....

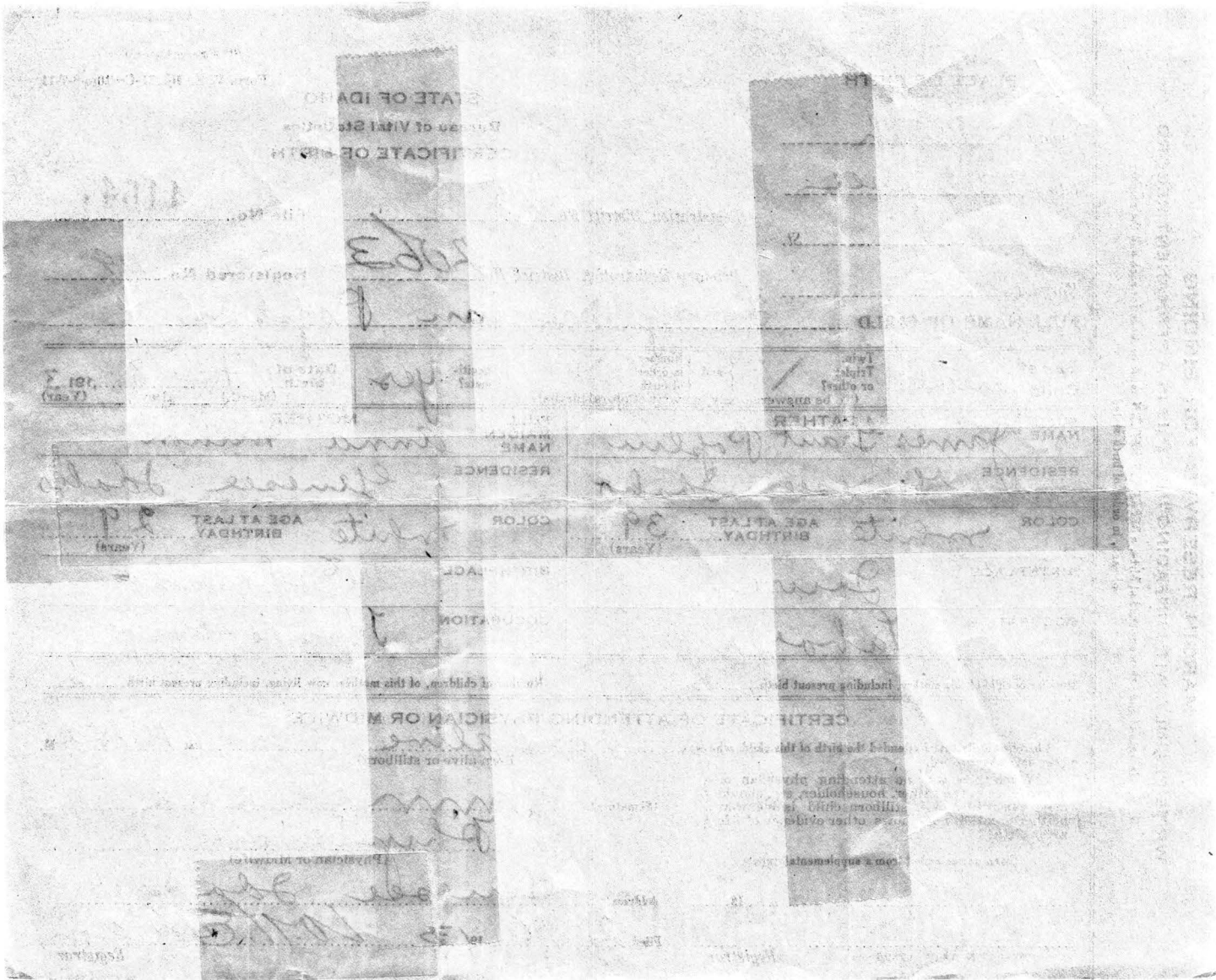
.....

Registrar

Filed 2-10 1913 W. T. Cohen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



692-122-029-214

PLACE OF BIRTH

County of Latah

City of Genesee

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11648

Registration District No. 15 File No. ____

Primary Registration District No. 2062 Registered No. 60

FULL NAME OF CHILD George Fischer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 22 1913

	FATHER	MOTHER
FULL NAME	William Fischer	Elizabeth Kaufer
RESIDENCE	Genesee	Genesee
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Germany	Iowa
OCCUPATION	Rancher	housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomey M.D.

Genesee Idaho

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 3-3 1913 W. H. Ehlen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 23 1948

APR 18 1956

318-114-029-734

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11649

Registration District No. 15 File No. ____

Primary Registration District No. 2064 Registered No. 39

FULL NAME OF CHILD Gerald Ezra Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	I 14 03

FATHER		MOTHER	
FULL NAME	Harry Taylor	FULL MAIDEN NAME	Anna Plummer
RESIDENCE	Kendrick Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Minn.
OCCUPATION	Laborer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

Filed 2 18 13 J E Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

K

AUG 27 1943

PLACE OF BIRTH

RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING—THIS IS A PERMANENT RECORD

WRITE PLAINLY. WRITE UNDERNEATH. SEPARATE RETURN must be made for each and the number

	FATHER	MAIDEN NAME
FULL NAME		
RESIDENCE		
COLOR	AGE AT LAST BIRTHDAY 35 (Years)	COLOR AGE AT LAST BIRTHDAY 33

689-215-029-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of

No ....., ... St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11650

Primary Registration District No. 2064 Registered No. 40

FULL NAME OF CHILD Esther May Whitley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Feb. 15 1913

FATHER		MOTHER	
FULL NAME	Frank M. Whitley	FULL MAIDEN NAME	Nellie M. Vandiver
RESIDENCE	Okanogan Wash.	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Georgia
OCCUPATION	Farmer	OCCUPATION	

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 6 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank M. Whitley

(Physician or Midwife)

Address Okanogan Wash.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 27 1913 J. E. Hoyt

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JAN 10 1955

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY

319.12.8.029.945

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11651

Primary Registration District No. 2065 Registered No. 44

FULL NAME OF CHILD Roy Russell Carter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	July 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James D Carter	Martha Runion
RESIDENCE	Troy Idaho	Troy Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	20
BIRTHPLACE	Penn	Wash
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 28 1913, at 1230 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Minnie Byers

Midwife
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 1 1913 J W Olson
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 30 1942

APR 24 1951

295-213-009 Amended 11-1-71

PLACE OF BIRTH 9 65

County of Latah

City of Troy

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11652

Primary Registration District No. 2065 Registered No. 45

FULL NAME OF CHILD Retha Lois Kindall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	July 13 1913

FATHER		MOTHER	
FULL NAME	Yester Kindall	FULL MAIDEN NAME	Lydia Rae
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Arkansas	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive July 13 1913, at 5:45 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson

Physician

(Physician or midwife)

Troy Idaho

Address

Given names added from a supplemental report

....., 19.....

Filed July 13 1913 J W Olson

Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 29 1954

11 1 71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
NOV 1 - 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 11652

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Rethie Kindall (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1913 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rethie Kindall	Retha Kindall
		Lois

Subscribed and sworn to before me this 1st day of November, 19 71

St. Clarence Cartright

Notary Public, residing at Burley

My commission expires 4-20-74

(Seal)

Signed Clarence L. Castor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Eagle Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

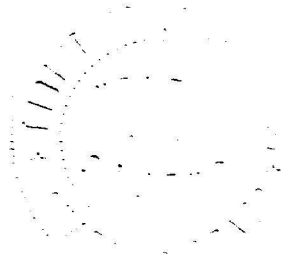
.....
(Street Address, City, State)

FORM DH 60-155

Marriage license gives name of bride as Retha Lois Kendall. Married Nov. 4, 1929 in Meridian, Idaho. # 137581. Ada County.
Viewed by V.S.

NOV 2 1971

Own childs birth c ertificate on file Idaho # 245531. Gives name of mother as Retha Lois Kindall. Child born Nov. 27, 1931 in Boise, Idaho.
Viewed by V.S.



-312-164-29-367

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

No. ____, ____ St.

Hospital ____

Registration District No. 15 File No. 11653

Primary Registration District No. 2127 Registered No. 41

FULL NAME OF CHILD ORVILLE WILLIAM TABER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes.	Feb. 4th, 1913

FATHER		MOTHER	
FULL NAME	John P. Taber.	FULL MAIDEN NAME	Anna Cox
RESIDENCE	Juliaetta - Ida	RESIDENCE	same
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19. (Years)
BIRTHPLACE	Idaho.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Roe M.D.

Physician

(Physician or Midwife)

Address Juliaetta, Ida.

Given names added from a supplemental report

....., 19.....

Filed 2/6 19 13 S. A. Roe

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Francisco }

Certificate No. 11653

Date Filed March 27, 1948

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Orville William Taber (Name on Original Certificate) who was born (Was Born or Died) on Feb 4-1913 (Date of Event)
in Pocatello Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on Feb 4 - 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Orville William Taber
Date	not given	Feb 4, - 1913

Subscribed and sworn to before me this 26th
day of March, 1948

Notary Public, residing at San Francisco

My commission expires Dec. 30th 1946.
(Seal)

Signed Anna Belle Taber
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1734 Bay St. San Francisco Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Francisco }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of March, 1948

Notary Public, residing at San Francisco

My commission expires Dec. 30th 1946.
(Seal)

Signed Mrs. Eleanor Combs
(Signature of Any Credible Person Other Than Previous Year)

1754 Bay St. San Francisco
(Street Address, City, State)

APR 1 1943

493.209.029-413

PLACE OF BIRTH

County of Latah.

City of Juliaetta,

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 15 File No. 11654

Primary Registration District No. 2127 Registered No. 43

FULL NAME OF CHILD Goldia Miller.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			Yes	Feby 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry C. Miller.	May Belle Malone
RESIDENCE	Montana.	Montana.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	32	24.
BIRTHPLACE	Utah.	Washington.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. A. Poe. M.D.

Physician (Physician or Midwife)

Address Juliaetta Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/11 1913 S. A. Poe.

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

...Y. WITH UNREADING INK. THIS IS A PERMANE...

...duction of this or any of its parts is forbidden and will be made to each...

...of each.

...IDENCE

...OR

...BIRTHDAY

...(Year)

...THPLACE

RESIDENCE

OCCUPATION

BIRTHDAY

(Year)

BIRTHPLACE

792-011-029-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11655

Registration District No. 15 File No. .....

Primary Registration District No. 2068 Registered No. 60

FULL NAME OF CHILD Christina Gibson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	Yes	Feb 11, 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Gibson	Lina Darr
RESIDENCE	Deary, Ida.	Deary
COLOR	W.	W
AGE AT LAST BIRTHDAY	47 (Years)	25 (Years)
BIRTHPLACE	Germany	Wisconsin
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 9:00 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Christina Dahlgren

midwife

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

Filed Feb 20 1913 P. C. Faust

..... Registrar

Registrar

S-Y CO. 20174

APR 9 1969

418-22-X-029-553

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

Registration District No. 15 File No. 11657

Primary Registration District No. 2068 Registered No. 37

FULL NAME OF CHILD Anna Emelia Magnuson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	twin	1	Yes	Feb 24. 1913

FATHER		MOTHER	
FULL NAME	Martin Magnuson	FULL MAIDEN NAME	Lena Nelson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	47	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Sweden	BIRTHPLACE	Wis.
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martin Magnuson
father
(Physician or midwife)
Deary
Address .....

Given names added from a supplemental report

..... 19.....

Filed 2/25 19 13 P. B. Hanst
Registrar

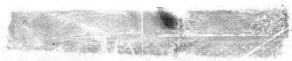
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



15X-210-029-395

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11658

Primary Registration District No. 2068 Registered No. 38

FULL NAME OF CHILD Grace Margaret Anderson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F.	(To be answered only in event of plural births)		Yes.	Feb. 10 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Clarence Anderson	FULL MAIDEN NAME	Augusta Lindgren
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Ida.
OCCUPATION	farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Clarence Anderson

father

(Physician or midwife)

Address Deary

Filed Feb 19 19 13 H. L. Stanley

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20174

OCT 6 1972

659-113-029-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 11659

Primary Registration District No. 611 — Registered No. 64

FULL NAME OF CHILD Manuel Weichseldorfer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 13. 1913

FATHER		MOTHER	
FULL NAME	Manuel Weichseldorfer	FULL MAIDEN NAME	Theresa Kisel
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Seaman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Stein MD

(Physician or Midwife)

Address Palouse Wash

Given names added from a supplemental report

....., 19.....

Filed Feb. 27 1913 W. M. Thompson Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

855.220-029-963

PLACE OF BIRTH

County of Latah

City of Potlatch country

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11660

Primary Registration District No. 2066 Registered No. 55

FULL NAME OF CHILD Gladys. Hensley.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.			yes	Feb 20 1913

FATHER		MOTHER	
FULL NAME	Jas D. Hensley	FULL MAIDEN NAME	Nora Rothwell
RESIDENCE	Palouse. Wash R.F.D.	RESIDENCE	Palouse Wn R.F.D.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	24.	AGE AT LAST BIRTHDAY (Years)	25.
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 8:a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo T Boyd. M.D.
(Physician or midwife)

Address Palouse Wn.

Given name added from a supplemental report.

..... 19.....

Filed March 5 19 13 Dr. JM Thompson

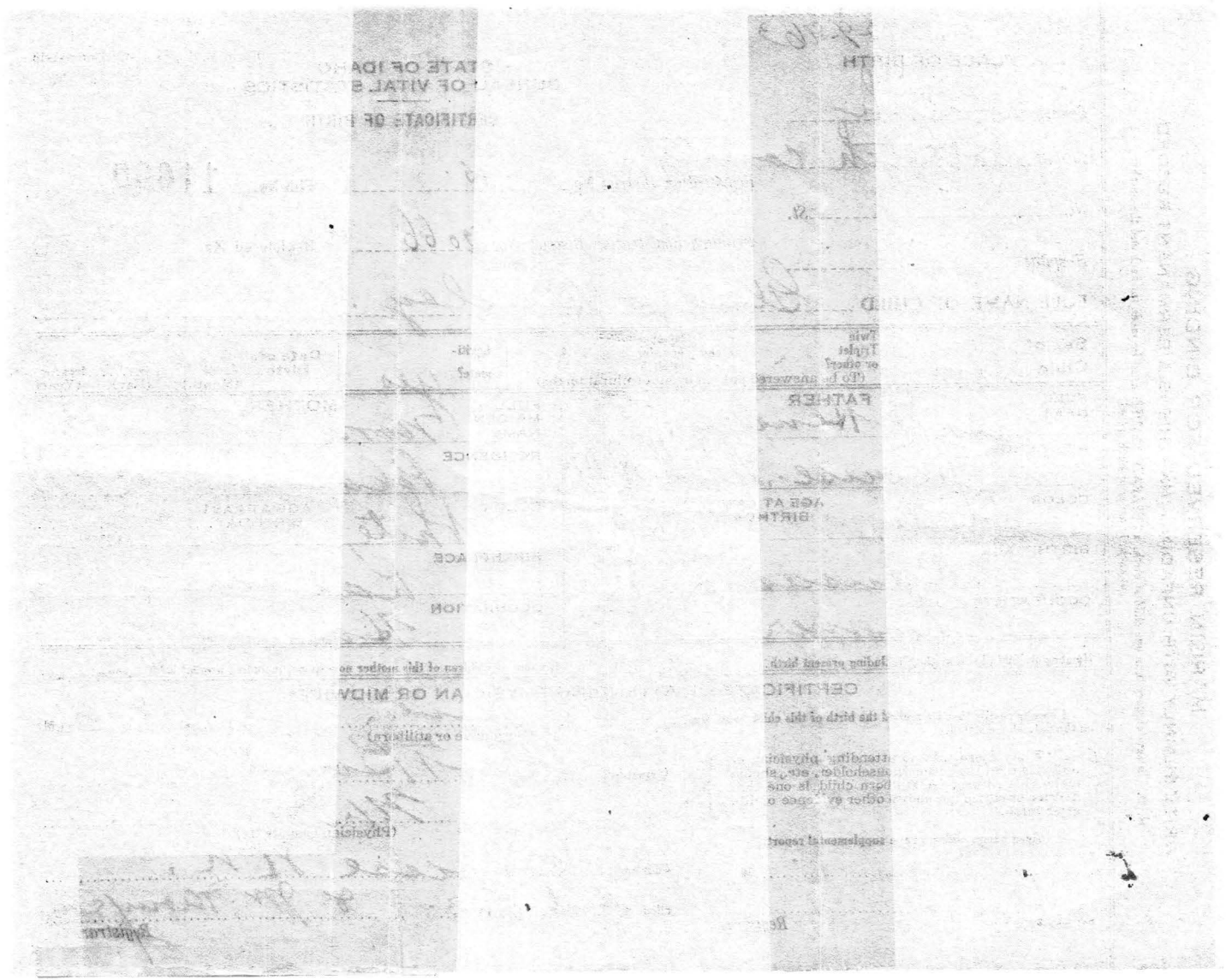
..... Registrar

8-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



619-116029-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

~~City of~~ Potlatch

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 5 File No 11661

Primary Registration District No 2066 Registered No 56

FULL NAME OF CHILD Roy Helmer Warren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	~	~	yes	Jan 16 1913

FATHER		MOTHER	
FULL NAME	Harry Warren	FULL MAIDEN NAME	Alley Griffith
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	USA	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth ... four

Number of children, of this mother, now living, including present birth ... four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Lewis S Stein MD

(Physician or Midwife)

Address Palouse Wash.

Filed Jan 31st 1913 D. M. Thompson
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 6 1975

JAN 5 1943

366-18-1-029-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Pattatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15

Primary Registration District No. 2066

File No. 11662

Registered No. 6-7

FULL NAME OF CHILD Glen Edwin Low

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	Feb 1st 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ben. A Low	Thirza A Davis
RESIDENCE	Pattatch	Pattatch
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Washington	Ill
OCCUPATION	Farmer	Music Teacher

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo Boyd M.D.

(Physician or Midwife)

Address Palouse, Wash.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb. 5th 1913 D. W. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS 17826

RECORD

Telephone this form

295.1 K1 029955

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 15. File No. 11663

Primary Registration District No. 2066. Registered No. 68

FULL NAME OF CHILD Richard Lewis King.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.	✓	✓	yes.	Feb. 14, 1913.

FATHER		MOTHER	
FULL NAME	Theodore King.	FULL MAIDEN NAME	Millicent Mendenhall.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	37. (Years)	AGE AT LAST BIRTHDAY	18. (Years)
BIRTHPLACE	Pennsylvania.	BIRTHPLACE	Idaho.
OCCUPATION	Clerk.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2. Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson. M. D.

(Physician or Midwife)

Address Potlatch.

Given name added from a supplemental report

....., 19.....

Filed Feb 27 1913

Dr. J. W. Thompson
Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

623-11-7029-253

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11664

No. ..... St.

Primary Registration District No. 2066 Registered No. 59

Hospital .....

FULL NAME OF CHILD Hans. A. Tergaard.

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth
Male.	✓ (To be answered only in event of plural births)		✓	yes.	Jan 17 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Paul Poulsen Eistergaard.	FULL MAIDEN NAME	Marie Petersen.
RESIDENCE	Potlatch.	RESIDENCE	Potlatch.
COLOR	white.	COLOR	White.
AGE AT LAST BIRTHDAY	36. (Years)	AGE AT LAST BIRTHDAY	33. (Years)
BIRTHPLACE	Denmark.	BIRTHPLACE	Denmark.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. Jr. Thompson. M. D.

(Physician or Midwife)

Address Potlatch. Idaho

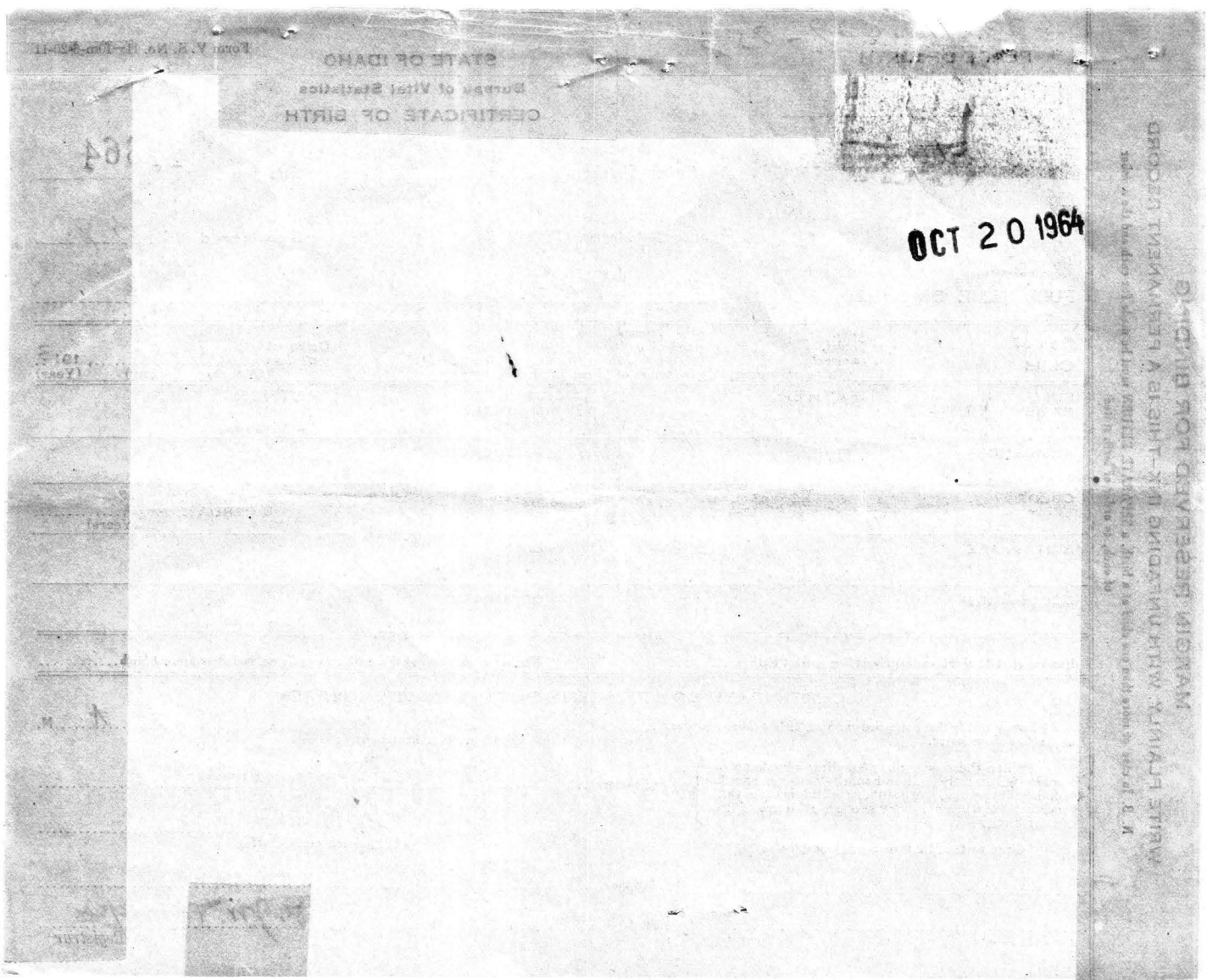
Given name added from a supplemental report

....., 19.....

Filed Feb. 26th 1913. D. Jr. Thompson Registrar

.....
Registrar

S-Y CO., 16669


OCT 20 1964

County of Multnomah)
) ss
State of Oregon)

I, Hans Poulsen, being first duly sworn on oath, depose and say that I am the son of Paul Poulsen Ostergaard and Marie Petersen Poulsen Ostergaard, as recorded on Idaho birth certificate, file No. 11664; that my said parents were natives of Denmark; that the name, Ostergaard, in the country of Denmark was a title only and not part of the actual family name of Poulsen; that in 1914 my said parents dropped the said Danish title, Ostergaard, and became known by their true names, Paul and Marie Poulsen; that I was born to said Paul Poulsen Ostergaard and Marie Petersen Poulsen Ostergaard on January 17, 1913 in the county of Latah, city of Potlatch, Idaho, as duly set forth in the certificate of birth, file No. 11664; and that my true name is Hans Poulsen.

Hans Poulsen

Subscribed and sworn to before me this
23RD day of October, 1964.

Notary Public for Oregon

My commission expires [illegible] Commission Expires Sept. 3, 19[illegible]

4/55-22 393

PLACE [redacted]

County of Elmore

City of Mountain Home

Registration District No. 20 File No. 11665

No. — St.

Primary Registration District No. 2020 Registered No. 9

Hospital —

FULL NAME OF CHILD Alice Augusta Denten

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
♀	—	—	yes	Feb 23 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John G. Denten	Emma Tick
RESIDENCE	Mountain Home	Mountain Home
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	51	28
BIRTHPLACE	Iowa	Germany
OCCUPATION	Laborer	Housekeeper

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH HONGA

Midwife

(Physician or midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb. 26th 1913

B. W. Mathes
Registrar

S-Y CO. 20174

DEC 4 1964

263-12-7-29-291

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Hammett

Registration District No. 20 . File No. 11666

No. ....., ... St.

Primary Registration District No. 2021 Registered No. 10

Hospital .....

FULL NAME OF CHILD Henry Ferdinand Koch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	1	yes	Feb. 27th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry F. Koch.	Amy Sophie Krautz
RESIDENCE	Hammett	Hammett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	20
BIRTHPLACE	Germany	America
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) Feb. 27th 1913, at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 28th 1913 J. W. Davis

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 20 1956

692-200-020-455

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Elmore

City of Mountain Home Registration District No. 20 File No. 11667

No. —, St.

Primary Registration District No. 2020 Registered No. 8

Hospital —

FULL NAME OF CHILD Felisa Orbe

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	yes	Feb 13

FATHER		MOTHER	
FULL NAME	Fusto Orbe	FULL MAIDEN NAME	Margarita Menaca
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. C. Walther

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb 22nd 19 13 B. C. Walther
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

312-107-020-435

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 11668

No. —, St.

Primary Registration District No. 2020 Registered No. 7

Hospital —

FULL NAME OF CHILD George Cassidy Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 7 1913

FATHER		MOTHER	
FULL NAME	George K Cassidy	FULL MAIDEN NAME	Lena M. Mc Eldowney
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Illinois
OCCUPATION	~~Hostler~~ Electrician	OCCUPATION	~~Electrician~~ Housekeeper

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

(Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed Feb. 14th 1913 B. W. Mathur

Registrar

.....

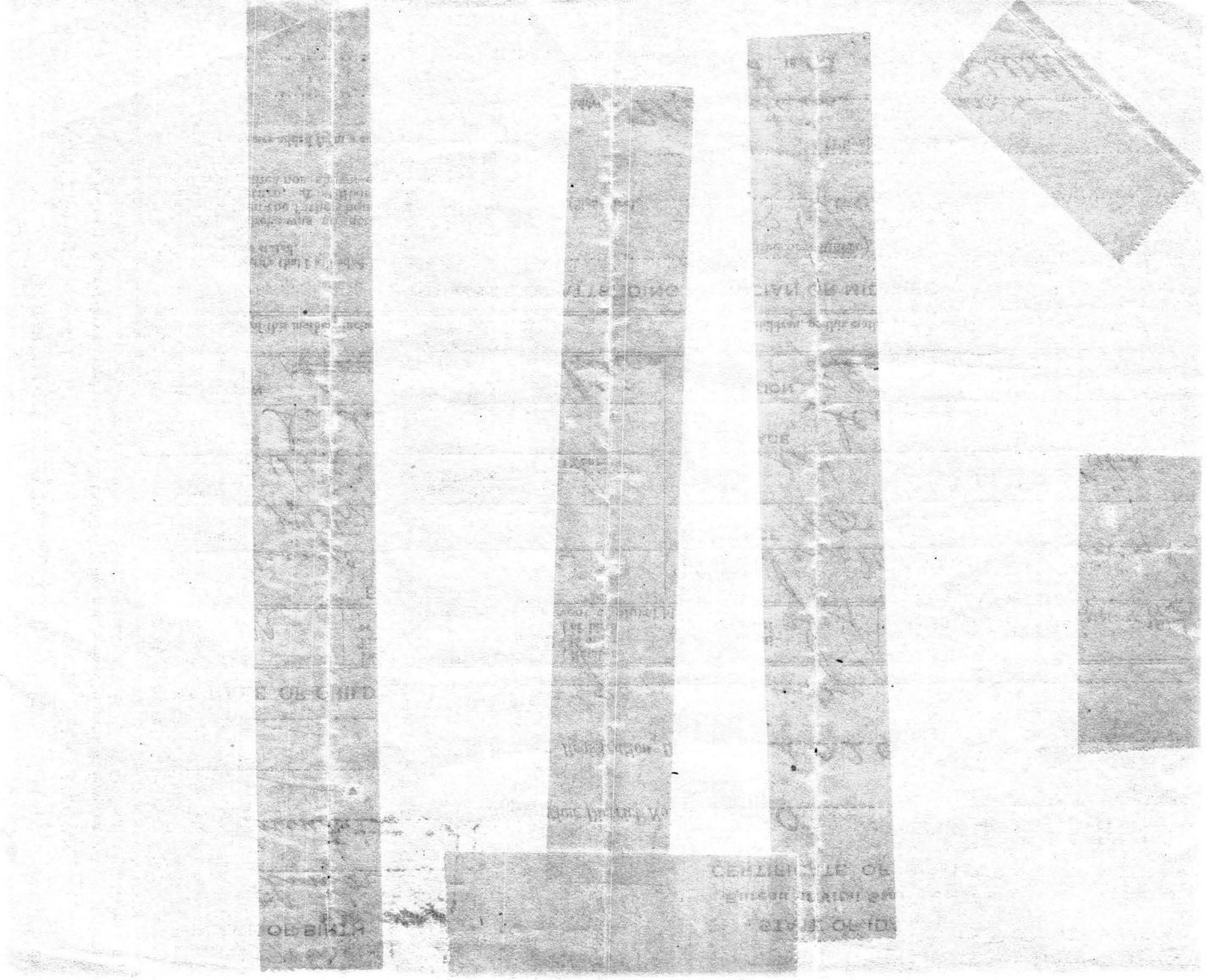
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



219-103-030-

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Salmon

No ____, ____ St.

Registration District No 27 File No. 11669

Primary Registration District No 2116 Registered No. 1

Hospital ____

FULL NAME OF CHILD Harold Jasper Barton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 3 191

FATHER		MOTHER	
FULL NAME	D. J. Barton	FULL MAIDEN NAME	Edna Young
RESIDENCE	Salmon Idaho	RESIDENCE	Salmon Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ills.	BIRTHPLACE	Iowa
OCCUPATION	Laborer	OCCUPATION	Home wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-15 A. M., on the date above stated.

(Signature) W. C. Whitwell M. D.

(Physician or Midwife)

Address Salmon Idaho

Filed Feb 11 1913

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

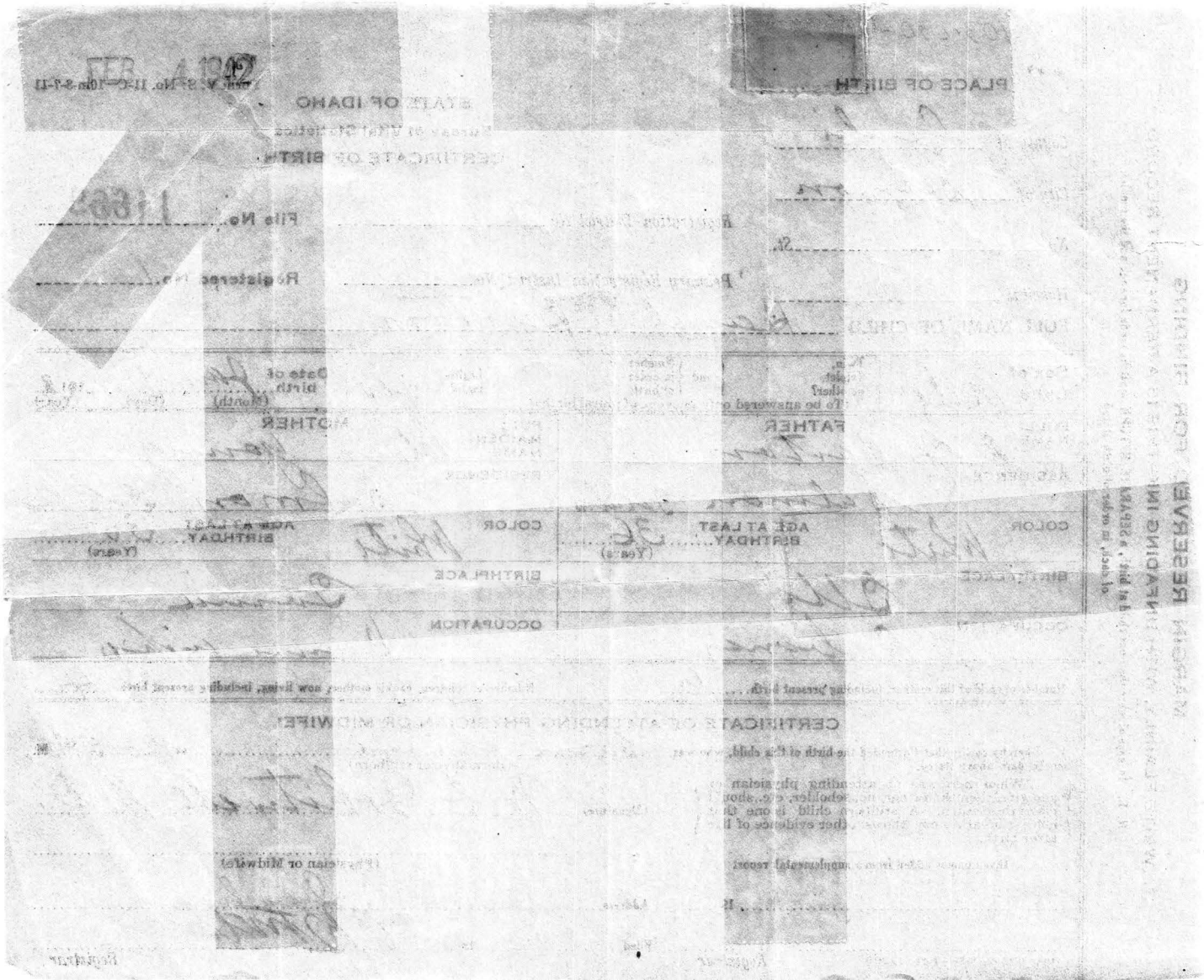
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



395-209-09 0-856

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lemhi

City of Junction

No ____, ____ St.

Registration District No 27 File No. 11670

Primary Registration District No. 216 Registered No. 2

Hospital ____

FULL NAME OF CHILD not named Phyllis Crehan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 9th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Crehan	Georgine Yerian
RESIDENCE	Junction Idaho	Junction
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	22
BIRTHPLACE	Pa.	Idaho
OCCUPATION	Rancher	Home keeper

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M. D.

(Physician or Midwife)

Address Salmon Idaho

Given names added from a supplemental report

February 19 1913

O. P. Bratton

Registrar

Filed Feb 11 1913

O. P. Bratton

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

APR 7 1942

363-21-030-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Lemhi

City of Salmon

*No*_____, _____ *St.*

Hospital _____

Registration District No. 27 **File No.** 11671

Primary Registration District No. 2116 **Registered No.** 3

FULL NAME OF CHILD Olive Fern Cockrell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	— and —		Yes.	1 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ora Cockrell	Lora Wilson
RESIDENCE	Salmon, Ida	Salmon, Ida
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 29	White / 26
BIRTHPLACE	Ida.	Mo.
OCCUPATION	Forest Ranger	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. P. Stratton, M.D.

(Physician or Midwife)

Address Salmon, Ida

Filed Feb. 11 1913 O. P. Stratton

Registrar

Given names added from a supplemental report

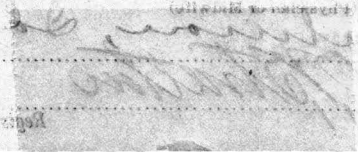
_____, 19____

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

1-6-41

OCCUPATION	Farmer Rancher
BIRTHPLACE	Ida.



962-113-030-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

~~City of~~ Carmen PO

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 11672

Primary Registration District No. 2116 Registered No. 4

FULL NAME OF CHILD Thomas Frederick Roske

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			yes	January 13 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Ed J Roske

RESIDENCE: North Fork

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Minn

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Lydia Bennett

RESIDENCE: North Fork

COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Wisc

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Wright MD

(Physician or Midwife)

Address Salmon Idaho

Given names added from a supplemental report

February 21, 1913

B Britton

Registrar

Filed Feb 11 1913

B Britton

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

JUL 27 1942

COLOR	ABE AT LAST BIRTHDAY (Years)
BIRTHPLACE	
OCCUPATION	

493-115-030-662

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 11673

Primary Registration District No. 2116 Registered No. 51

FULL NAME OF CHILD Thomas Edward Mitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 15 1913

FATHER		MOTHER	
FULL NAME	James Mitchell	FULL MAIDEN NAME	Elizabeth Foss
RESIDENCE	Salmon Idaho	RESIDENCE	Salmon Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Carpenter	OCCUPATION	Home wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12-30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Mitchell M. D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Feb 11 1913

O. Stretton Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

COLOR	COLOR
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE	BIRTHPLACE
OCCUPATION	OCCUPATION

466-219-030-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Salmon

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 11674

Primary Registration District No. 246 Registered No. 6

FULL NAME OF CHILD Not named Dorothy Ellen Moore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan 15 1913

FATHER		MOTHER	
FULL NAME	Robert Moore	FULL MAIDEN NAME	Minnie Smith
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	AGE AT LAST BIRTHDAY (Years)	48
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Mo.	BIRTHPLACE	Milbfort Oregon
OCCUPATION	Blacksmith	OCCUPATION	Home-keeper

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-30 P. M. on the date above stated.

(Signature) W. C. Johnstell M.D.

(Physician or Midwife)

Address Salmon, Idaho

Filed Feb 11 1913 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....

Registrar

SYMS - YORK CO., PTRS. & SORS. 17326

AUG 3 1942

219-206-030-539

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lemhi

City of Tendoy

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 11675

Primary Registration District No. 2116 Registered No. 7

FULL NAME OF CHILD Blanche Edwina Bennett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			yes	Feb. 6 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry G. Bennett	FULL MAIDEN NAME	Pearl Elliott
RESIDENCE	Tendoy Ida.	RESIDENCE	Tendoy
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Oregon
OCCUPATION	Farming	OCCUPATION	Home wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 6 (Born alive or stillborn) at 8-45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Whitwell M.D

(Physician or Midwife)

Address Salmon Idaho

Given names added from a supplemental report

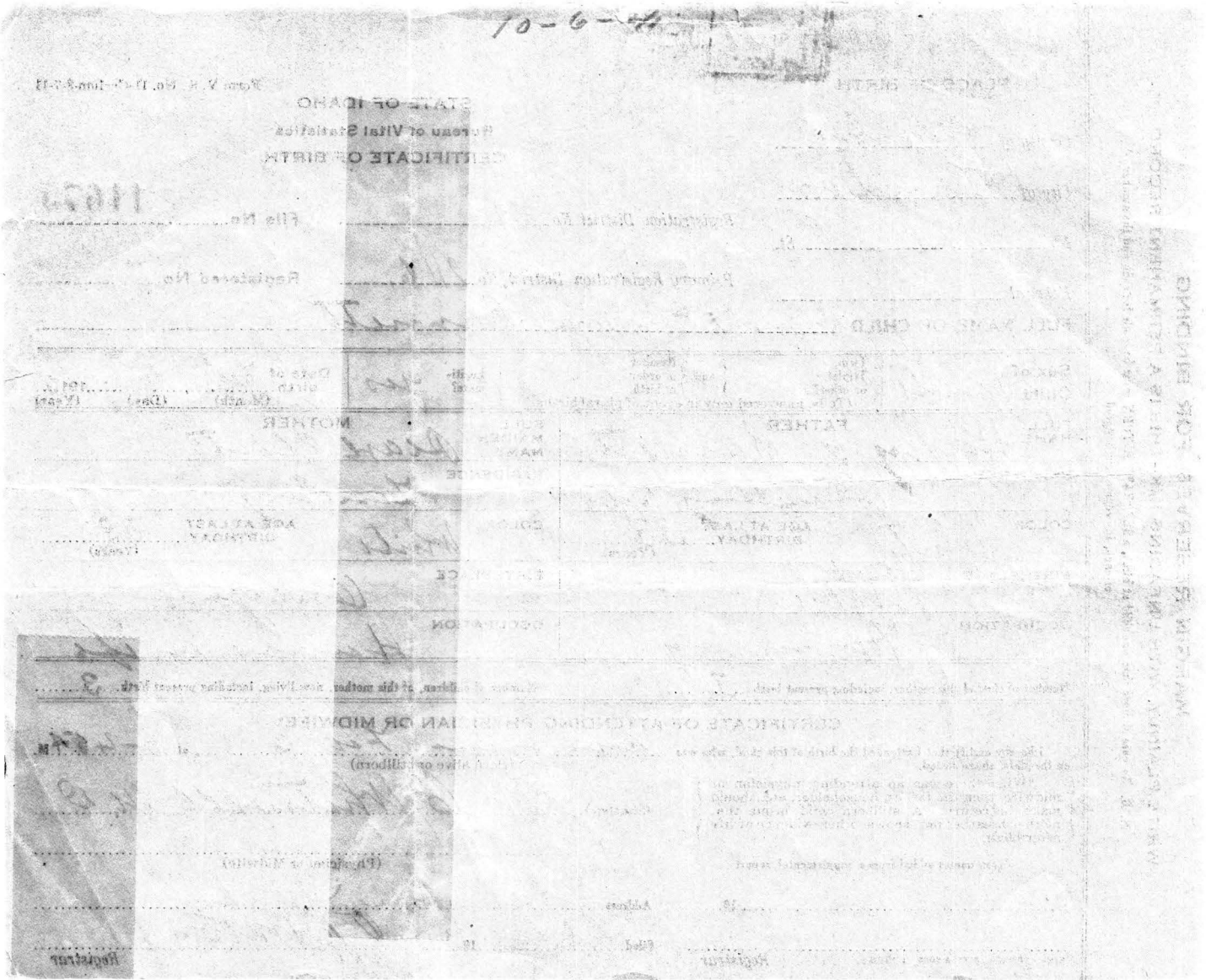
....., 19.....

Filed Feb 7 — 1913

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



266-226-009-3

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Kaolenai

Registration District No. 8 File No. 11676

No. ..... St.

Primary Registration District No. 2033 Registered No. 320

Hospital .....

FULL NAME OF CHILD Dorothy May Bonner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				yes	Feb. 26 1913

FATHER		MOTHER	
FULL NAME	Franklin Bonner	FULL MAIDEN NAME	Mary Lyon
RESIDENCE	Kaolenai	RESIDENCE	Kaolenai,
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23,
BIRTHPLACE	Montana	BIRTHPLACE	Penn.
OCCUPATION	Grocerymen	OCCUPATION	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 4:25 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will H. Potter M.D.

Kaolenai Idaho
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 29 1913 M M Kinnon
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1956

DEC 2 1971

JAN 2 3 1975

319-124-007-219 Idaho State

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth, stated.

PLACE OF BIRTH

County of Bonner

City of

or

Town of Newport Idaho

~~WASHINGTON STATE~~ BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Record No. 11677

File No. 2182

Registered No. 319

(No. , St.; Ward)

FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed.

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 19 (Year)
Male	1		3	Yes	Feb 24 13

FATHER

Full Name Ray Milton Curtis

Residence Newport Idaho

Color White

Age at last Birthday 30 (Years)

Birthplace (State or Country) Minnesota

Occupation Laborer

MOTHER

Full Maiden Name Edna Alice Barnett

Residence Newport Idaho

Color White

Age at last Birthday 26 (Years)

Birthplace (State or Country) Minnesota

Occupation Housework

Number of child of this mother 3

Number of children, this mother, now living 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.*

2.3

I hereby certify that I attended the birth of this child, and that it occurred on Feb 24, 13 at 9 M

** When there was no attending physician or midwife, then the father, householder, etc., should make this return.*

(Signature) J R Phillips MD

(Physician or Midwife)

Address Newport Idaho

Give name added from a supplemental report

Filed Feb 29, 13 M. McKinnon

Registrar.

Registrar.

11677

493-119-009-766

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

Registration District No. 8 — File No. 11679

Primary Registration District No. 2033 — Registered No. 313

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	Feb. 19 1913

FATHER		MOTHER	
FULL NAME	R. P. Mills	FULL MAIDEN NAME	Addie Goodine
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	New Brunswick Canada	BIRTHPLACE	N. B. Canada
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint

Filed Feb. 28 1913 M. McKinnon Registrar

Given names added from a supplemental report

_____ 19____

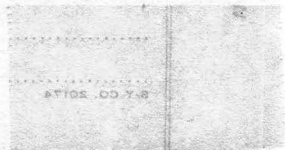
_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



389-217-009-843

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Coeur d'Alene Ida. Registration District No. 5 File No. 11680

No. ____, ____ St. Primary Registration District No. 2033 Registered No. 312

Hospital ____

FULL NAME OF CHILD Christensen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	First	yes.	Feby 17 1913

FATHER		MOTHER	
FULL NAME	Hans Peter Christensen	FULL MAIDEN NAME	Hazel J. Hulverson
RESIDENCE	Coeur d'Alene Idaho	RESIDENCE	Coeur d'Alene Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Alden. Michigan	BIRTHPLACE	Coeur d'Alene Idaho
OCCUPATION	Mill employee	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feby 17 1913, at 1.05 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredk W. Dibble Dr. F. W. Dibble

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 28 1913 Jas McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

64-214:009-556

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8 File No. 11681

No. ____ St.

Primary Registration District No. 2033 Registered No. 311

Hospital ____

FULL NAME OF CHILD Nora Mary Oman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	yes	Feb. 14 1913

FATHER		MOTHER	
FULL NAME	John Oman	FULL MAIDEN NAME	Bertha Newman
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed Feb. 28 1913 M. McKinnon

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

SEP 19 1947

D BRIT. COLUM

39-113-009. 264

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. 422 Church St.

Registration District No. 8 File No. 11682

Primary Registration District No. 2033 Registered No. 310

Hospital

FULL NAME OF CHILD Donald Jack Cranston

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	(To be answered only in event of plural births)	2	yes	Feb.	12	1913

FATHER		MOTHER	
FULL NAME	J. C. Cranston	FULL MAIDEN NAME	Jessie Bonhousen
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Honduras Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint

Filed Feb. 28 19 13 M. McKinnon Registrar

Given names added from a supplemental report

.....19.....

.....
Registrar

S-Y CO. 20174

643-11

Form V. S. No. 11-C—15m-6-20-11

PLACE OF [redacted] OF IDAHO

[redacted] Vital Statistics

County of [redacted] E OF BIRTH

City of Laclede Registration District No. 8 File No. 11683

No. ....., ... St. Primary Registration District No. 2033 Registered No. 309

Hospital .....

FULL NAME OF CHILD John Joseph Fuchs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	3d.	yes.	Feby 13, 1913

FATHER		MOTHER	
FULL NAME	August Fuchs	FULL MAIDEN NAME	Francis Steydenmier
RESIDENCE	Laclede Idaho	RESIDENCE	Laclede, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wittenberg Germany	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth three

Number of children, of this mother, now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive February 13 1913, at 6:30 a M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredk W Didier

Dr. F. W. [redacted] (Physician or Midwife)

Laclede, Ida.

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 2[redacted] M McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6-10-66

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 8 1968
Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 11683

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Fuchs (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1913 (Date of Event)

in Laclede, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed Fuchs	John Joseph Fuchs

Subscribed and sworn to before me this 2nd day of February, 1968

Notary Public, residing at Sandpoint, Idaho

My commission expires January 20, 1972

(Seal)

Signed Francisca Fox aka Fuchs

(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~)

Route 1, Sagle, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155 WOI (2) 1-5-68

Certificate of Baptism, St. Joseph Church, Sandpoint, Idaho gives name as John Joseph Fuchs born Feb 13, 1913 to August Fuchs and Francesca Studemmaire. Baptized April 19, 1913. viewed by V.S.

Copy of U. S. Census Record gives name as John J. Fuchs. Census of 1920. (copy issued March 28, 1968) viewed by V.S.

Statement regarding school records, Bonner County School Dist. 82, issued March 1, 1968 gives name as John Fuchs, parent August Fuchs. viewed by V.S.

APR 16 1968

632-103-009-235

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boiner

City of Sandpoint

Registration District No. _____ File No. 11684

No. _____, _____ St.

Primary Registration District No. 2132 Registered No. _____

Hospital _____

FULL NAME OF CHILD Oscar Andrew Olsen

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Boy	Single	1st	yes	Feby 3d, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl Olsen	FULL MAIDEN NAME	Marit Stenseth
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Ry Station Helper	OCCUPATION	wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feby 3, 1913 at 10-25 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred W Dreier M.D.

Sandpoint Idaho
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed March 3 1913 M McKinnon
Registrar

S-Y CO., 16870

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 2 1976

793-112.009-812

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

Registration District No. 8 File No. 11685

Primary Registration District No. 2033 Registered No. 308

FULL NAME OF CHILD Gordon W. Pickett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	yes	Feb 12 1913

FATHER	MOTHER
FULL NAME W. W. Pickett	FULL MAIDEN NAME Anna Hastings
RESIDENCE Sandpoint	RESIDENCE Colorado
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Colorado
OCCUPATION Real estate	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint

Filed Feb 28 1913 M. McKinnon Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-15-41

43/-2[illegible] 255

AMENDED - 3/17/50

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11686

Primary Registration District No. 2033 Registered No. 306

FULL NAME OF CHILD Maxine Margaret McAllister
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Feb. 7, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER	MOTHER
FULL NAME: Louis McAllister	FULL MAIDEN NAME: Mrs. Ann Beneway
RESIDENCE: Missoula, Mont.	RESIDENCE: Missoula, Mont.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE:	BIRTHPLACE: Mich.
OCCUPATION: Teamster	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) M. McKinnon

Physician
(Physician or midwife)

Address Sandpoint

Filed Feb. 28 1913 M. McKinnon
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11686

Primary Registration District No. 2033 Registered No. 806

FULL NAME OF CHILD Marcine McAllester

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.				Feb 7 1913

FATHER	MOTHER
FULL NAME: Louis McAllester	FULL MAIDEN NAME: Mrs Ann Kinney
RESIDENCE: Missoula Mont	RESIDENCE: Missoula Mont Mrs Ann Kinney
COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: r	BIRTHPLACE: Mich.
OCCUPATION: Teamster	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

Filed Feb 28 19 13 M. McKinnon

..... Registrar

S-Y CO. 20174

Registrar

MAR 2-0 1950

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Spokane } ss.

Certificate No. 11686

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth
(Birth or Death)
for Mariene McAllester who was born on Feb 7-1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Sand Point Idaho are erroneous or were omitted; and that, to the best of his knowledge the
(Place of Event)
true facts are shown by Insurance Policy and information given by her mother
(Bible Record, Insurance Policy, Etc.) prepared on March 14-1950, are:
(Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mariene McAllester	Maxine Margaret McAllister
Last Name	McAllester	McAllister

Subscribed and sworn to before me this 14th day of March
March, 19 50

Notary Public, residing at Spokane, Washington
My commission expires April 30-1950
(Seal)

Signed Anna McAllister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant, or coroner if a death record; or other credible person.)

1029 W. 1st Ave., Spokane, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Spokane } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of
March, 19 50

Notary Public, residing at Spokane, Washington
My commission expires April 30-1950
(Seal)

Signed Fayel J. Riley
(Signature of Any Credible Person)

812 Paulsen Bldg., Spokane, Wash.
(Street Address, City, State)

1 Copy Issued

293-201-009-439

PLACE OF BIRTH

County of Bonner

City of Londonray

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11687

Primary Registration District No. 2033 Registered No. 302

FULL NAME OF CHILD Julia Bithell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Feb. 1 1913

FATHER		MOTHER	
FULL NAME	Joseph Bithell	FULL MAIDEN NAME	Millie McIntire
RESIDENCE	Elk Wash.	RESIDENCE	Elk Wash.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	England	BIRTHPLACE	Penn.
OCCUPATION	Lumber grader	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Feb 28 19 13 M. McKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-130-009-133

(Be sure the information is complete and accurate)

State File No. 11688
Local Reg. No.
Reg. Dist. No. 8

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 3/25/76

1. PLACE OF BIRTH

a. COUNTY: Bonner

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sagle

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bonner

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Sagle

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Charles b. (Middle): Allison c. (Last): Hines

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 30, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): George b. (Middle): c. (Last): Hines

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Texas

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Alma b. (Middle): c. (Last): Allison

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: M. McKinnon

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Sandpoint

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 10, 1913

22. REGISTRAR'S SIGNATURE: M. McKinnon

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11688

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Charles Albert Hines (Name on Original Certificate) who was born (Was Born or Died) on Jan 30, 1913 (Date of Event)
in Sagle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Charles Albert Hines	Charles Allison Hines

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grays Harbor }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of March, 19 76.

Notary Public, residing at Montesano
My commission expires April 17, 1976
(Seal)

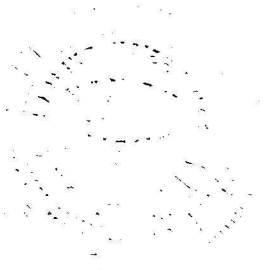
Signed X Margaret E Miller
(Signature of Any Credible Person)

520 So Sixth St
(Street Address, City, State)
Montesano Wn

FORM DH 60-155 CL 3/1/76 3cc pd. rec'd 7785 P.O. Box 506

record from family Bible gives name as Charles Allison Hines born Jan 30, 1913 viewed by V. S.

Certificate of Birth from Idaho for Adalma Wynne Hines born March 7, 1947 gives father's ~~xxx~~ name as Charles Allison Hines. on file in Idaho (433869). viewed by V. S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonner

City of Dogle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11688

Primary Registration District No. 2033 Registered No. 301

FULL NAME OF CHILD Charles Albert Hines

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Jan 30 1913

	FATHER	MOTHER
FULL NAME	George Hines	
FULL MAIDEN NAME		Alma Allison
RESIDENCE	Dogle	Dogle
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Texas	—
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 10 19 13 M. McKinnon Registrar

S-Y CO. 20174

DEC 10 1941

MAR 25 1976

396-225.009-764

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Harlem

Registration District No. 8 File No. 11689

No. ____, ____ St.

Primary Registration District No. 2033 Registered No. 296

Hospital ____

FULL NAME OF CHILD Margaret Crockett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2d	yes	Jan 25, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charlie Crockett	Mary Gould
RESIDENCE	Harlem Idaho	Harlem Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	27
BIRTHPLACE	Damascus Township Ohio	Marshal, Missouri
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Jan 25 1913 alive at 11:45 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick Dickinson M.D.

Coeur d'Alene Ida.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mar 1 1913 W. W. Glennon

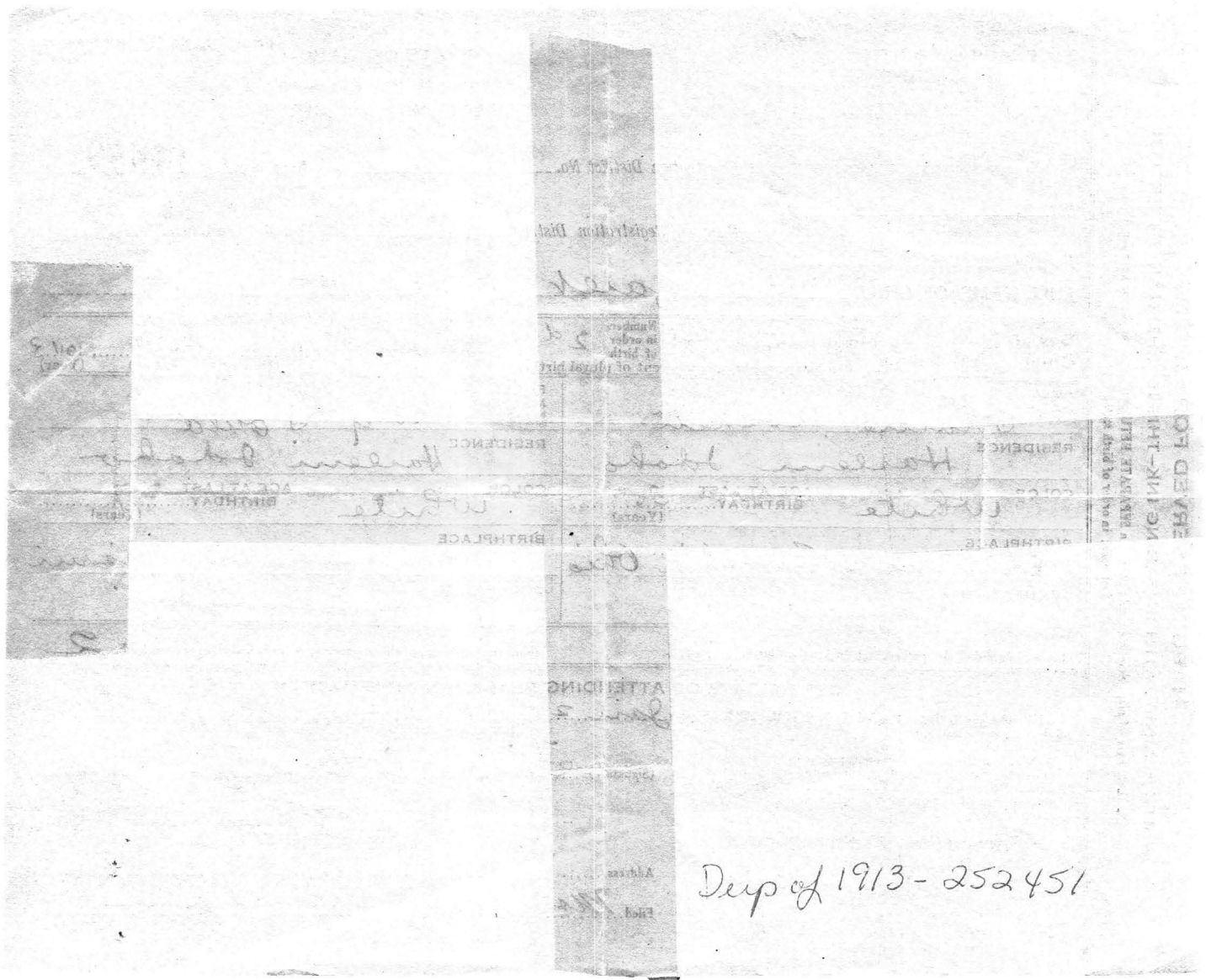
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Dep of 1913 - 252451

689-2210009-758

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 11692

No. ____ St.

Primary Registration District No. 2033

Registered No. 321

Hospital ____

FULL NAME OF CHILD Beulah May Whittemore

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	Yes	Feb. 27 1913

FATHER		MOTHER	
FULL NAME	W. C. Whittemore	FULL MAIDEN NAME	Lena Gehler
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wisconsin
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician (Physician or midwife)

Address Sandpoint

Given names added from a supplemental report

....., 19.....

Filed Feb. 28 1913 M. McKinnon Registrar

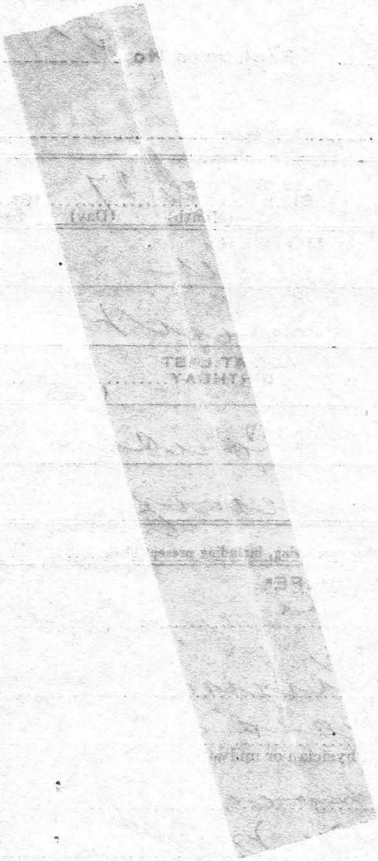
S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 4 1975



762-207-009-345

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner.

City of Bonners Ferry, Registration District No. 8 File No. 11694

No. ....., ... St. Primary Registration District No. 2034 Registered No. 292

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	no.	Jan. 7 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jas. Poston	Agnes Lund.
RESIDENCE	Bonners Ferry.	Bonners Ferry.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	19	17
BIRTHPLACE	Virg.	Minn.
OCCUPATION	Laborer.	House work, gnl.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry.

Physician.
(Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Jan. 9th 1913. E E Fry. Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

In case of more than one child so born, a SEPARATE RETURN must be made for each such child.

If ...

260-12-0029-665

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry, Registration District No. 8 File No. 11697

No. ____ St. Primary Registration District No. 2034 Registered No. 317

Hospital ____

FULL NAME OF CHILD Charles Soo.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Feb. 22 1913

FATHER		MOTHER	
FULL NAME	Kee Soo	FULL MAIDEN NAME	Moy Fong
RESIDENCE	Bonners Ferry, Ida,	RESIDENCE	Bonners Ferry, Ida,
COLOR	Yellow,	COLOR	Yellow,
AGE AT LAST BIRTHDAY (Years)	46.	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	China.	BIRTHPLACE	China.
OCCUPATION	Laundryman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.45 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E E Fry,
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

Filed Feb. 22 1913 E E Fry,
Registrar

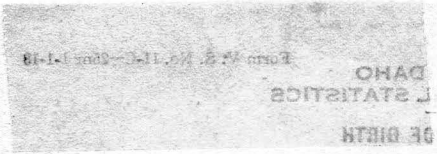
.....
Registrar

5-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



613-122-009-684

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 11698

Primary Registration District No. 2034 Registered No. 316

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Feb. 22 — 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Falk.	FULL MAIDEN NAME	Hilda Ohman,
RESIDENCE	Bonners Ferry, Ida.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37.
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Fry.

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Feb. 22. 1913. D. E. Fry.

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY

285-221-009-795

PLACE OF BIRTH Amended 8-9-77

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

No. Island St.

Registration District No. VIII

Primary Registration District No. 2034

File No. 11699

Registered No. [redacted]

Hospital

FULL NAME OF CHILD Goldi Fay Shertenlib

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 21 1913

FATHER		MOTHER	
FULL NAME	Fred G. Shertenlib	FULL MAIDEN NAME	Susie Green
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE	North Wales
OCCUPATION	Blacksmith.	OCCUPATION	Housewife

Number of child of this mother, including present birth VIII

Number of children, of this mother, now living, including present birth VIII

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 3:10 P.M. on the date above stated.

(Born alive or stillborn)

(Signature) Leslie J. Stauffer M.D.

(Physician or Midwife)

Address Bonners Ferry, Idaho

Filed Feb. 22nd 1913. E. E. Fry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 26 1967

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
JUN 8 11 55 AM '75

Affidavit to Correct or Amend an Original Certificate of Birth or Death

PROVINCE
State of BRITISH COLUMBIA } ss.
County of WESTMINSTER }

Certificate No. 11699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Shertinlied (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 21, 1913 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Shertinleid	GOLDI FAY SHERTENLIB
father's last name	Shertinlied	Shertenlib

Subscribed and sworn to before me this 29TH day of MARCH, 19 75 AT COQUITLAM B.C. Signed Alice M. Kring
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at COQUITLAM B.C.

My commission expires PERMANENT (Seal)

RR#1 LONE BUTE B.C.
(Street Address, City, State)

ALICE M. KRING (OLDER SISTER)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Signed
(Signature of Any Credible Person)

Notary Public, residing at

My commission expires (Seal)

(Street Address, City, State)

FORM DH 60-155

CL 3/17/75 nm

Statement of Tax Account of 1970 issued by the Corporatin of the City of Duncan, B. C. Canada gives name as Goldi Fay MacInnes.

Viewed by V. S.

Goldi Fay MacInnes is the name listed on an Insurance Policy issued by The Great West Life Assurance Co. on September 13, 1947.
Viewed by V.S.

Certificate of birth of child issued by the Province of British Columbia gives mother's maiden name as Goldie Fay Shertenlib. Child born March 10, 1932 in Williams Lake, B. C. Canada. Certificate # 81668-695. Issued by Director of Vital Statistics, J. B. Scott, Director.
Viewed by V.S.

Permit to Leave Canada gives father's name as Fred G. Shertenlib. This record was issued by the Canadian Immigration Inspector, Willard Graham on Aug 20, 1917.
Viewed by V.S.

168-121-009-469

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Bonners Ferry

No. _____ St.

Hospital _____

Registration District No. 5

Primary Registration District No. 2034

File No. 11700

Registered No. 318

FULL NAME OF CHILD Gabriel Albert Johnson.

Sex of Child	Twin / Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	Feb. 21, 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. W. Johnson.	Lizzie E. Morris.
RESIDENCE	Bonners Ferry, Ida.	Bonners Ferry, Ida.
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	23	16.
BIRTHPLACE	Wash.	Oregon.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.20 A.M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician. (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

Filed Feb. 22 1913.

E. E. Fry. Registrar

....Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME

RESIDENCE

COLOR AGE AT LAST BIRTHDAY (Years)

MARRIED NAME

RESIDENCE

COLOR AGE AT LAST BIRTHDAY (Years)

659-102009-499

[redacted]

Form V. S. No. 11-C—15m-8-20

PLACE OF BIRTH

County of Boundary

City of Bonners Ferry

Registration District No. 8 File No. 11701

No. ....., ... St.

Primary Registration District No. 2034 Registered No. 307

Hospital .....

FULL NAME OF CHILD Fredrick Ferraro.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 7 1913

FATHER		MOTHER	
FULL NAME	Frank Ferraro	FULL MAIDEN NAME	Mary Mirabelli
RESIDENCE	Bonners Ferry, Ida	RESIDENCE	Bonners Ferry, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer M.D.

Physician (Physician or Midwife)

Address Bonners Ferry, Ida

Given names added from a supplemental report

..... 19.....

Filed Feb. 12 19 13 E. E. Fry

Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE CERTIFICATE must be made for each and the number of each, in order of birth, stated

813-106-C.9.238

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry.

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11702

Primary Registration District No. 2034 Registered No. 305

FULL NAME OF CHILD HOWARD BLAKE HALSEY

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—		—	yes.	Feb. 6th, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Herbert St. Halsey	FULL MAIDEN NAME	Edna M. Schlomer.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Clerk (mercantile)	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician. (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

____, 19____

Filed Feb. 9 - 19 13

____ Registrar

E. E. Fry, Registrar

S-Y CO., 1867D

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Los Angeles } ss.

Certificate No. 11702

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Howard Blake Halsey (Name on Original Certificate) who was born (Was Born or Died) on February 6, 1913 (Date of Event)
in Bonners Ferry, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	~~Blake Howard Halsey~~ Howard Blake Halsey

Subscribed and sworn to before me this 4th day of August, 1942

C. C. WOODELL
Notary Public, residing at Huntington Park, Calif.
My commission expires June 28, 1945
(Seal)
My Commission Expires June 28, 1945

Signed Herbert H. Halsey Father
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

672 Malabar St. Huntington Park, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Signed
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

AUG 26 1942

AUG 27 1912

839-103-009-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11703

County of Boner

City of Bonners Ferry Registration District No. 8 File No.

No. ____, ____ St.

Primary Registration District No. 2034 Registered No. 303

Hospital

FULL NAME OF CHILD Harold Straley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Feb. 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Meredith M. Straley	Mary A. Graves
RESIDENCE	Bonners Ferry	Bonners Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Laborer	Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician (Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

..... 19.....

Filed Feb. 12 1913 E. E. Fry Registrar

..... Registrar

S-Y CO., 16670

893.228.009-632

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 8 File No. 11704

No. ....., ... St.

Primary Registration District No. 2034 Registered No. 30

Hospital Bonners Ferry

FULL NAME OF CHILD Jennie Mary Hill.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 28, 1913

FATHER		MOTHER	
FULL NAME	Albert Joseph Hill	FULL MAIDEN NAME	Jennie Albertina Olson
RESIDENCE	Snyder, Idaho	RESIDENCE	Snyder, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	New York City	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Andover, South Dakota
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including preseat birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer M. D.

(Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 31 - 1913 E. E. Frey

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 21 1955

513-1271 C 09-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bonner

City of ~~Sand~~ Lenia Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11705

Primary Registration District No. 2034 Registered No. 298

FULL NAME OF CHILD Cecil Frank Eaton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan. 27, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Eaton	Lily Mills
RESIDENCE	Lenia, Idaho	Lenia, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	19
BIRTHPLACE	Iowa, U.S.A.	Alberta, Canada
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer

Physician

(Physician or Midwife)

Address Bonners Ferry, Idaho

Given names added from a supplemental report

....., 19.....

Filed Jan. 28 19 13

S-Y CO., 16670

Registrar

E. E. Frey

Registrar

SEP 30 1942

168-12-1-CC-2-244

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 8 File No. 11706

No. ____ St. Primary Registration District No. 2034 Registered No. 299

Hospital ____

FULL NAME OF CHILD ~~ALFRED~~ GOSTA Johnson

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
male	— and —		Yes	Jan. 27 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Apel Johnson	FULL MAIDEN NAME	Lena Sederlund
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry

Physician

(Physician or Midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb. 4 19 13 E. E. Fry

Registrar

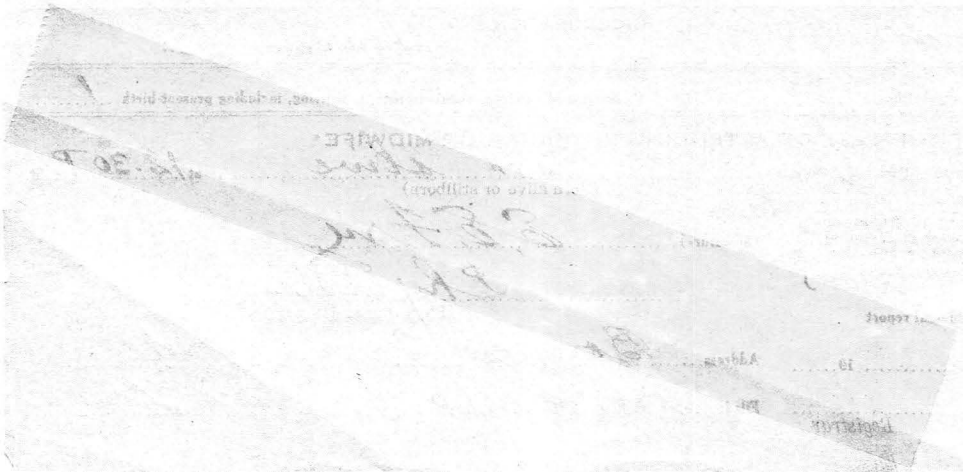
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Klamath }

Certificate No. 11706

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan 27 1913 (DATE OF EVENT)
in Bonners Ferry (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record - Ins. Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan 27 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Johnson	Alfred Costa Johnson

Subscribed and sworn to before me this -10- day of February, 1942.

J. W. Merritt
Notary Public, residing at Klamath Falls
My commission expires 2-13-1942 (SEAL)

Signed mrs axel Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
426 Pacific Terrace, Klamath Falls, Ore.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Klamath }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this -10- day of February, 1942.

J. W. Merritt
Notary Public, residing at Klamath Falls
My commission expires 2-13-1942 (SEAL)

Signed Mrs Fred Lekberg
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
1930 East First Klamath Falls Ore
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 1 By
(REGISTRAR'S SIGNATURE)

FEB 19 1942

[redacted] Bureau of [redacted]

CERTIFICATE OF [redacted]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of ..... Registration District No. 8 File No. 11707

No. ....., ... St. Primary Registration District No. [redacted] Registered No. 290

FULL NAME OF CHILD Bernice Elaine Van Dorn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		4	Yes	Jan. 21, 1913

FATHER	MOTHER
FULL NAME: E. A. Van Dorn	FULL MAIDEN NAME: Carrie Stewart
RESIDENCE: Bonner County	RESIDENCE: Bonner County
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Ohio
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 10,30 p.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Y. A. Stewart

(Physician or Midwife)

Given names added from a supplemental report

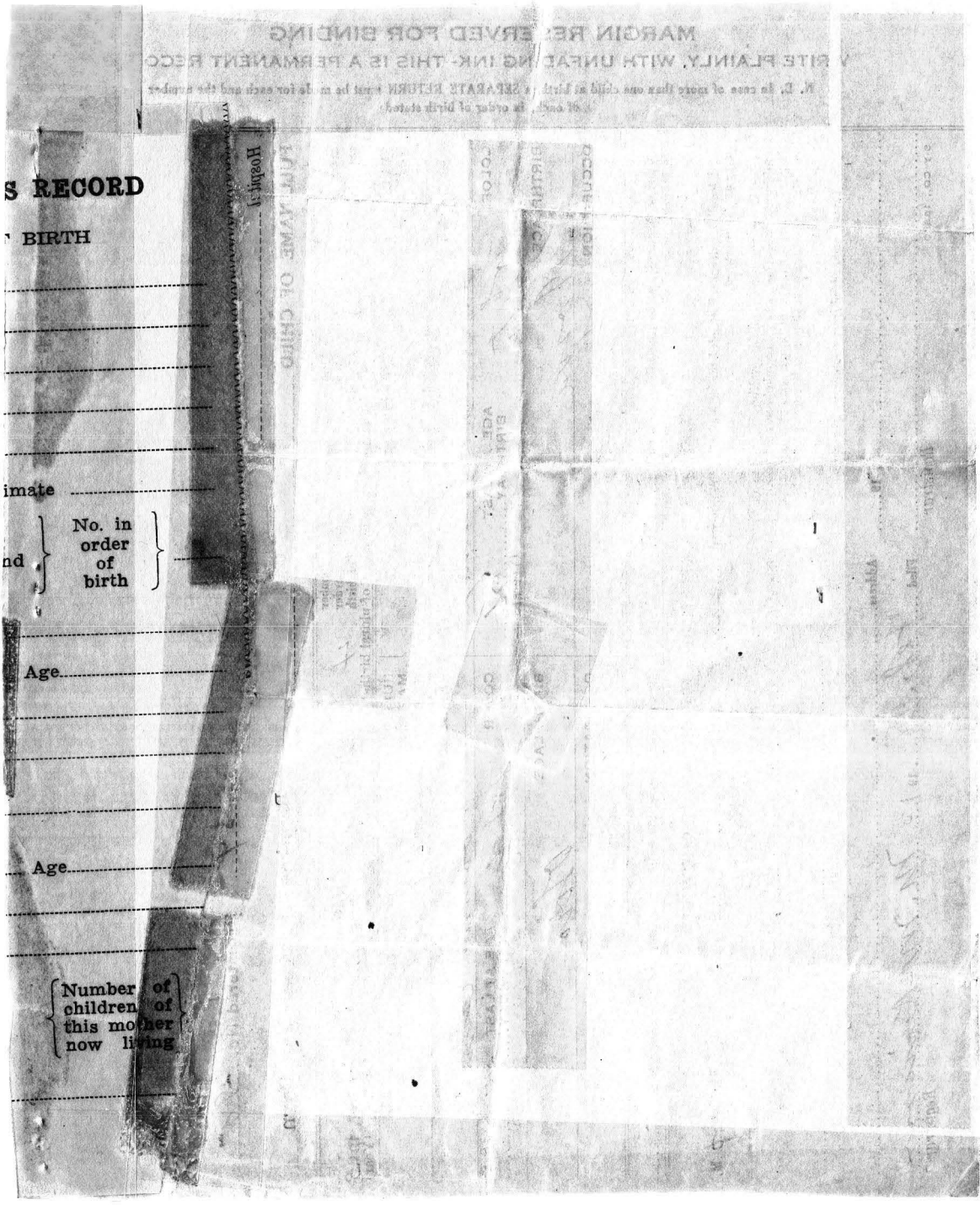
....., 19.....

Address .....

Filed Feb. 28 1913 M. McKinnon

S-Y CO., 16670 Registrar

Registrar



S RECORD

BIRTH

imate

nd

No. in order of birth

Age

Age

Number of children of this mother now living

Spokane Public Schools Diploma, Spokane, Washington, North Central High School, dated Jan. 28, 1930 gives full name of student as Bernice Elaine VanDorn - viewed by V.S. Cert. Copy of Own Child's Birth Cert., State of California, copy issued Feb. 5, 1959 - State File No. 58-120984, child born May 20, 1958 at Burbank, California to Thomas Callaway Johnson, age 41, born IDAHO DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS in Oregon and Bernice Elaine VanDorn, age 45, born in Idaho - viewed by V.S.

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED MAR 18 1963 Bureau of Vital Statistics

State of ..... } ss. as requested in letter received March 26, 1963 Certificate No. 11707

County of ..... } mother's full maiden name is being left as it is Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Van Dorn (female child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 21, 1913 (Date of Event)

in Bonner County, Idaho (Place of Event) are erroneous were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Bernice Elaine VanDorn
Full Maiden Name of Mother	Carrie Stewart	Caroline Stewart

Subscribed and sworn to before me this 8 day of March, 19 63.

Earl A. Norman

Notary Public, residing at Daly City, Cal.

My commission expires April 23 1965

(Seal)

Signed X Mrs. Grace E. Baldwin

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.

County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 th day of February, 19 63.

Bernice Maynard

Notary Public, residing at Spokane

My commission expires Oct 25, 1963

(Seal)

Signed X Rolland W VanDorn

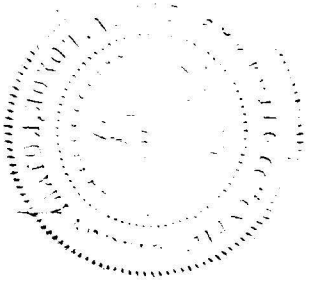
(Signature of Any Credible Person)

Box 495 MEDICAL LAKE, WASH

(Street Address, City, State)

FORM DH 60-155 CL 2-20-63. one copy pd. rec. #00892. 3-20-63. one copy pd. rec. #01972. - total of 2 copies pd.

MAR 26 1963



253-226-009-652

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11708

Primary Registration District No. 2034 Registered No. 297

FULL NAME OF CHILD Cecile Lillian Selover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes.	Jan. 26 — 1913

FATHER

FULL NAME: Nelson R. Selover

RESIDENCE: Copeland, Ida.

COLOR: white AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Minn.

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Erna J. Westermeyer.

RESIDENCE: Copeland, Ida.

COLOR: white AGE AT LAST BIRTHDAY: 26. (Years)

BIRTHPLACE: Germany.

OCCUPATION: Housewife.

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5.30 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician.

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

....Registrar

Filed Jan. 26 19 13

E. E. Fry.

Registrar

S-Y CO. 24655

7-10-41

817-115-00636

PLACE OF BIRTH

County of Bonner

City of Copeland

No. ____, ____ St.

Hospital ALDRICH A.

FULL NAME OF CHILD ~~XXXXXX~~ Haglund

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11710

Primary Registration District No. 2034 Registered No. 294

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
male	—	—	yes.	Jan. 15th, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Andrew Haglund	Carrie Flodin
RESIDENCE	Copeland, Ida.	Copeland, Idaho.
COLOR	White.	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Cook.	Housewife,

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ellen Gulla

Midwife (Physician or Midwife)

Address Copeland, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Jan. 19 1913

E. E. Fry Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

BIRTHDAY

BIRTHPLACE

APR 7 1945

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pacific }

Certificate No. 11710

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Alvin Haglund (Name on Original Certificate) who was born (Was Born or Died) on January 15, 1913 (Date of Event)
in Copeland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on August 9, 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Alvin Haglund	Aldrich A. Haglund

Subscribed and sworn to before me this 5th day of April, 1945

Fred M. Bond
Notary Public, residing at South Bend
My commission expires April 6, 1945
(Seal)

Signed Carrie Haraguras
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
931 Howard St. Raymond, Wash.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Pacific }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

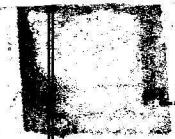
Subscribed and sworn to before me this 5th day of April, 1945

Fred M. Bond
Notary Public, residing at South Bend
My commission expires April 6, 1945
(Seal)

Signed John P. Haglund
(Signature of Any Credible Person)
Raymond, Washington
(Street Address, City, State)

DEC 2 1974

APR 1 1 1945



366/18/031-514

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Ilo

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 11714

Primary Registration District No. 2127 Registered No. 11

FULL NAME OF CHILD albert Sidney Cooper

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)		yes	Feb 18, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Westley Cooper	FULL MAIDEN NAME	Bertha Cecilia Vadney
RESIDENCE	Ilo, Idaho	RESIDENCE	Ilo Idaho
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	North Carolina	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Ilo Idaho.

Given names added from a supplemental report

....., 19.....

Filed 3-5-13 Ellen B. Rogers

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 8 1974

FEB 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

234-12/03/012

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

No Scott Bldg St.

Hospital

Registration District No 32 File No. 11715

Primary Registration District No 3127 Registered No. 12

FULL NAME OF CHILD Monte Elmo Scott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	Feby 24 1913

	FATHER	MOTHER
FULL NAME	Chas. Dilbert Scott	FULL MAIDEN NAME Lydia Anna Baker
RESIDENCE	Winchester	Winchester
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Washington	Ohio
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Hewitt Laughlin

Physician

(Physician or Midwife)

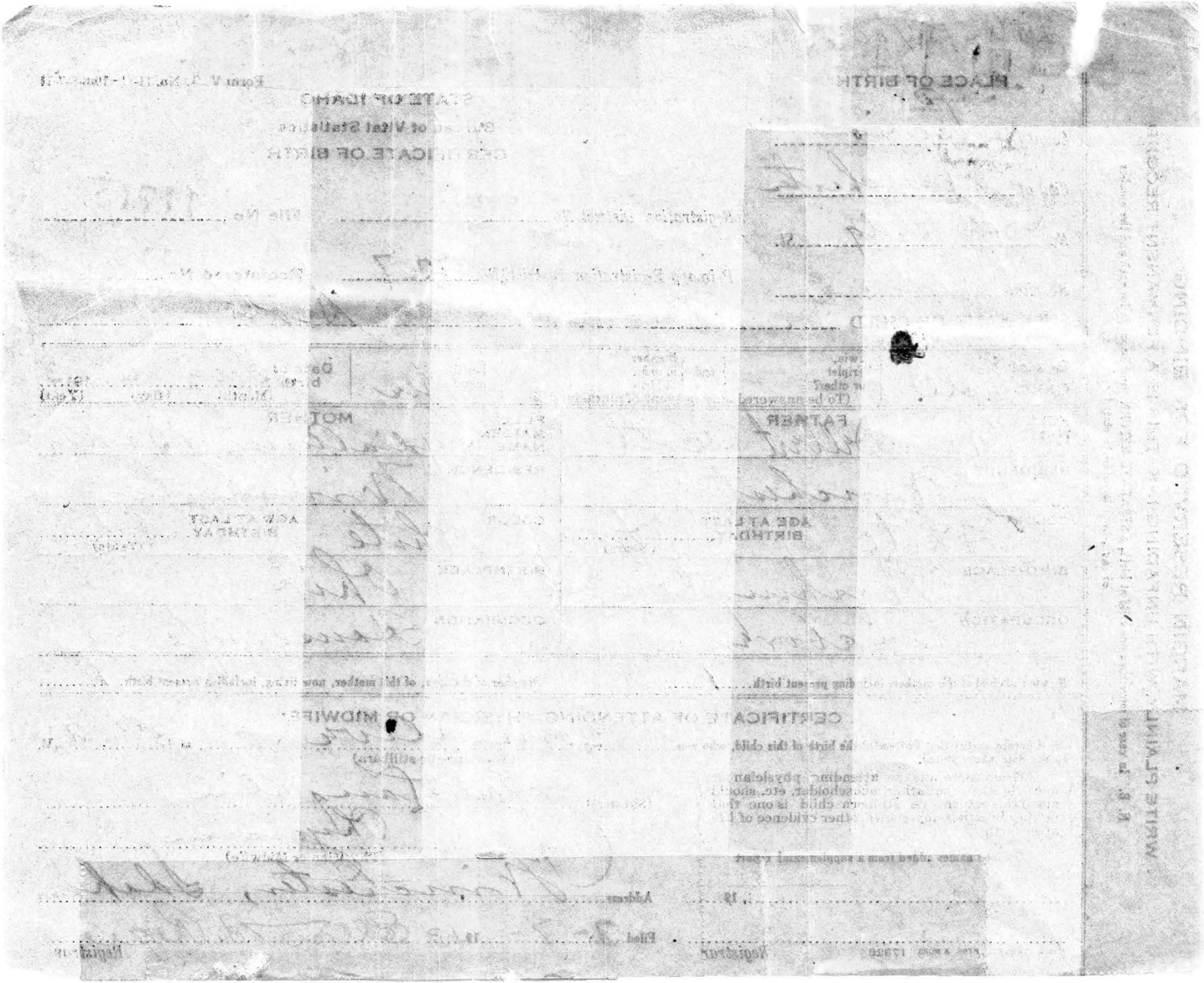
Address Winchester, Idaho.

Filed 3-7-1913 Elsie B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



193-123-14789

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Emmett

Registration District No. 22 File No. 11718

No. ____, ____ St.

Primary Registration District No. 2018 Registered No. 13

Hospital ____

FULL NAME OF CHILD [illegible] Frank Arthur

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Jan. 23 1913

FATHER	MOTHER
FULL NAME Frank James Arthur	FULL MAIDEN NAME Ora Phillips
RESIDENCE Emmett	RESIDENCE Emmett Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Texas	BIRTHPLACE Mo
OCCUPATION Rancher	OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11-45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 15 1913 J. L. Reynolds Registrar

S-Y CO., 16670 Registrar

J. Edwards Deputy Reg. Local

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING
SITE PLAINLY WITHIN BINDING MARGIN - THIS IS A PERMA

ited States
partment of Commerce
reau of the Census

JUN 21 1941

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No. 341
Reg. Dist. No.

PLACE OF BIRTH:
(a) County Gem (b) City Emmett
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: at home
(e) Mother's stay **BEFORE** delivery:
In Hosp. or Mat. Home ..... days.
In **THIS** county 24 years months days.

2. USUAL RESIDENCE of MOTHER: (Always fill in these)
(a) State Idaho (b) County Gem
(c) City Emmett
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 24 yrs
(f) Mother's mailing address (For registration notice): P.O. Box 51 (Street or R. F. D.) Sweet (Postoffice) Idah

3. RESIDENCE OF FATHER (city, state) Sweet, I

FULL NAME OF CHILD Frank Arthur

5. Date of Birth (Month, day, year) Jan. 23-194

Sex Male

7. Twin or Triplet ✓ If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Ye

FATHER OF CHILD

FULL NAME Frank Homer Arthur

Color or Race White

12. Age at time of THIS birth 29 yrs.

Birthplace Texas (City or Town) (State or foreign country)

Exact Occupation Farmer

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Ora Phillips

17. Color or Race White

18. Age at time of THIS birth 23 yrs

19. Birthplace Missouri (City or Town) (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum 1% nitrate of silver

Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3

(c) Born alive and now dead 0 (d) Stillborn 0

I HEREBY CERTIFY That I attended the birth of this child, who was Born alive (born alive, stillborn) at 2 A. M. on the date

and at the place stated above, and that personal particulars were furnished by Frank (First name) Arthur (Last name) who is

related to this child as Father (Mother, etc.)

(a) June 20-1941 (Date received) (b) J L Reynolds (Registrar's signature)

Given name added on ..... by ..... (Registrar's Signature)

25. Attendant's **OWN signature** J. L. Reynolds M.D. (D.O., Midwife, etc.)

and address Emmett, Idaho Date June 20

REGISTRATION OF BIRTHS
LOCAL REGISTRATION OF BIRTHS

SEC. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

SEC. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the tending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars quired by this article, with the local registrar of the district in which the birth occurred, *within 10 days after the date birth;* and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nu householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private stitutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth hav occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signatur make a proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at a less interval than days after the birth, if so required by municipal ordinances of regulations now in force or that may hereafter be enacted.

SEC. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that p pose.

SEC. 38-223. * * * * * , any physician or midwife in attendance upon a case of confinement, or any other per charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to fil proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a m lemeanor, and, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complications: .....

.....

..... Induced?.....

.....

(c) Was there an operation for delivery?.....

State all operations:.....

.....

(d) Did baby have any:

(1) Congenital Malformation?.....

Describe: .....

(2) Birth Injury? .....

Describe: .....

(3) Was mother given a Wasserman before delive

.....

(4) Signature of Physician:

.....

133.214 [redacted] 592

PLACE

County of [redacted]

City of Chapin

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11722

Primary Registration District No. 2037 Registered No. 87

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Feb. 14 1913

FATHER		MOTHER	
FULL NAME	Geo. Allen	FULL MAIDEN NAME	Elizabeth Nixell
RESIDENCE	Chapin	RESIDENCE	Chapin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Orad Keith

(Physician or midwife)

Address Drug Co. Idaho

Given names added from a supplemental report

....19....

Filed Mch 10 1913 Ray H. Fisher Registrar

....Registrar

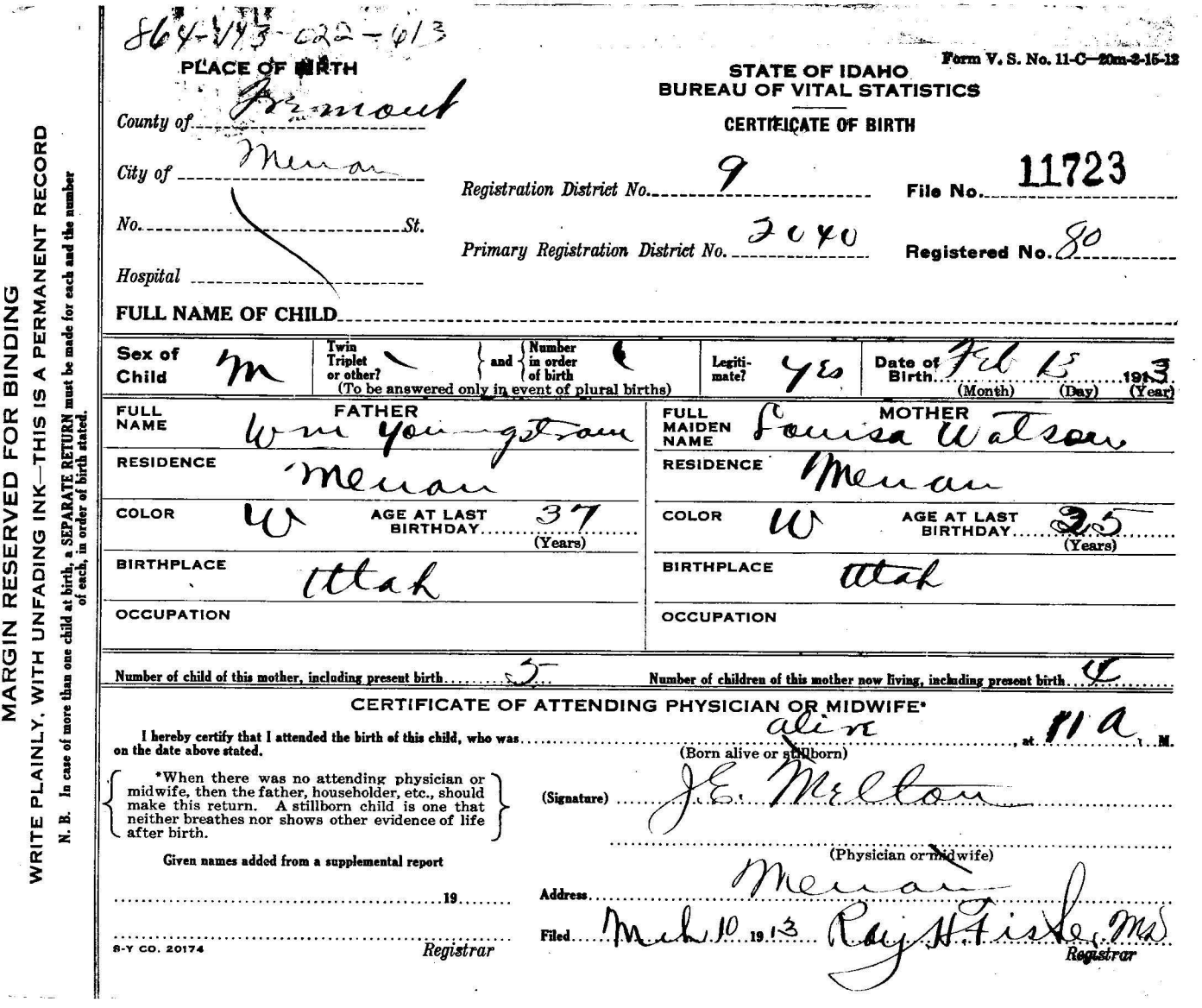
5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH



864-193-022-013

PLACE OF BIRTH

County of Fremont

City of Menan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11723

Primary Registration District No. 2040 Registered No. 80

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		1	Yes	Feb 15 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Youngstrom	FULL MAIDEN NAME	Louisa Watson
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address Menan

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Mch 10 1913 Ray H. Fiske, M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

692-422-1022-1/19

PLACE OF BIRTH

County of Fremont

City of Menan

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11724

Primary Registration District No. 2040 Registered No. 81

FULL NAME OF CHILD Marguerite Fisher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Feb 22 1913

FATHER		MOTHER	
FULL NAME	Wm Fisher	FULL MAIDEN NAME	Bell Jordine
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated. at 2 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Melton

(Physician or midwife)

Address J. E. Melton

Given names added from a supplemental report

..... 19.....

Filed March 10 1913 Ray W. Fisher

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS NOV 22 10 11 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 11724

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Fisher (female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22, 1913 (Date of Event)
in Menan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marguerite Fisher

J. DEVINE
NOTARY PUBLIC - CALIFORNIA
VENTURA COUNTY
My Commission Expires May 31, 1978

Subscribed and sworn to before me this 18th day of Nov., 1974

Notary Public, residing at Oxnard, Calif - Ventura Co

My commission expires May 31, 1978

(Seal)

Signed Virginia Bell Fisher
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5225 S. "J" St - Oxnard, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Calif. } ss.
County of Ventura }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of November, 1974

John P. Devine
Notary Public, residing at Oxnard, Calif - Ventura Co

My commission expires May 31, 1978

NOTARY PUBLIC - CALIFORNIA
VENTURA COUNTY
My Commission Expires May 31, 1978

Signed Gale W Harris
(Signature of Any Credible Person)

15-G Via Real Camarillo Calif
(Street Address, City, State)

FORM VS 139 9/18/74 ret'd $1.00

Family group record gives father's name as William Oliver Fisher and the mother's maiden name as Minnie Belle Jordine. gives child's nameas Marguerite Fisher born Feb. 22, 1913. viewed by V. S.

DEC 11 1974

Marriage Certificate from Nevada gives nameas as Arlo W. Harris and Marguerite Fisher. dated Aug. 19, 1936. viewed by V. S.

49-226-022-663

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11725

Registration District No. 9 File No. .....

Primary Registration District No. 2040 Registered No. 61

FULL NAME OF CHILD Ida N. Middleton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Feb. 26 1913

FATHER	MOTHER
FULL NAME Charles Frank Middleton	FULL MAIDEN NAME Mary Wolfensperger
RESIDENCE Rigby.	RESIDENCE Rigby.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Switzerland.
OCCUPATION Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby, Ida.

Filed March 10 1913 Registrar

a.m.p.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1943

249-104-022-986

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11726

Registration District No. 9 File No. .....

Primary Registration District No. 2040 Registered No. 62

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 4 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: J. Frank Smith	FULL MAIDEN NAME: Ora Rhodes
RESIDENCE: Rudy	RESIDENCE: Rudy
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9-a M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby, Idaho

Filed March 10 1913

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

122-111-022-914

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~209~~ 2040 File No. 11727

Primary Registration District No. ..... Registered No. 63

FULL NAME OF CHILD LEVON WILLIAM ASKEW

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Feb (Month) 11 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Albert Askew	FULL MAIDEN NAME Geneva Radford
RESIDENCE Rigby	RESIDENCE Rigby
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION [illegible]	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) Ray H Fisher

(Physician or midwife)

Address Rigby,

Filed Feb 10 1913 Ray H Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of San Mateo } ss.

Certificate No. 11727

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Askew (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1913 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy October 2, 1951 Registration card (Bible Record, Insurance Policy, Etc.) prepared on October 16, 1945 Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	~~Levon~~ William Levon Askew middle first

Subscribed and sworn to before me this 13th day of March 1956
Rosa A. Wolf
Notary Public, residing at Sharp Park,
My commission expires April 15, 1958
(Seal)

Signed Barbara Mesette Barratt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
211 Berendas ave
Sharp Park Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of San Mateo } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of March 1956
Rosa A. Wolf
Notary Public, residing at Sharp Park
My commission expires April 15, 1958
(Seal)

Signed Mary a. Parks Head
(Signature of Any Credible Person)
211 Berendas ave Sharp Park Calif.
(Street Address, City, State)

APR 27 1956

APR 30 1956

319-106-02-533

Form V. S. No. 10-C-20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Annie

No. ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 7040

File No. 11728

Registered No. 64

FULL NAME OF CHILD JOHN DeLeROY CARR

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	c	c	yes	March 6 1913

FATHER		MOTHER	
FULL NAME	E. M. Carr.	FULL MAIDEN NAME	Sylvia Ellis
RESIDENCE	Annie	RESIDENCE	Annie
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy Stanley

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

....., 19.....

Filed March 9 19 13 Roy Stanley Registrar

.....
Registrar

amp

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 11728
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for John De LeRoy Carr (Name on original certificate) who was born (Was born or died) on March 6, 1913 (Date of event)
in (Annis) Lorenzo Route #1 Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Carr	John De LeRoy Carr

Subscribed and sworn to before me this 17th
day of December, 1941
George M. Larsen
Notary Public, residing at Menan Idaho
My commission expires Dec 12th 1943
[SEAL]

Signed Edmund A Carr
(Signature of parent or attendant if correcting a ~~birth~~ record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Lorenzo Route #1. Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of December, 1941
George M. Larsen
Notary Public, residing at Menan, Idaho.
My commission expires Dec 12 1943
[SEAL]

Signed Lawrence R Carr
(Signature of any credible person other than the previous affiant.)
Lorenzo Route #1. Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

DEC 23 1941

JUL 3 19[illegible]

DEC 15 1942

86 1/2 022-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11729

Primary Registration District No. 2040 Registered No. 65

FULL NAME OF CHILD HILMER H. Holbrook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	C	C	Yes	[illegible] 21 1913

FATHER		MOTHER	
FULL NAME	Henry Holbrook	FULL MAIDEN NAME	Clara Smith
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Vermont	BIRTHPLACE	Vermont
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 15 A. M. on the date above stated.

(Signature) Ray W Fisher

(Physician or midwife)

Address Rigby

Filed Mch 10 1913 Ray W Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 2017A

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Stanislaus }

Certificate No. 11729
Date Filed MAR 26 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Harrison Holbrook (Name on Original Certificate) who was born (Was Born or Died) on February 21, 1913 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge / account my relationship to him as Father. (Bible Record, Insurance Policy, Etc.) prepared on ~~er~~. (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Harrison Holbrook	Hilmer H. Holbrook

Subscribed and sworn to before me this 20th day of March, 1942.

Signed Hilmer H Holbrook
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Riverbank, Calif.
My commission expires February 7, 1946
(Seal)

Box 212, Riverbank, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Stanislaus }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of March, 1942.

Signed Hilmer H Holbrook
(Signature of Any Credible Person Other Than Previous Year)

Notary Public, residing at Riverbank
My commission expires February 7th. 1946
(Seal)

Mrs. Ora Harris
(Street Address, City, State)

MAR 27 1942

858-107-022-318

PLACE OF BIRTH Amended Mar. 26, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont
City of Rudy
No. ____ St.
Hospital ____

Registration District No. 9 File No. 11730
Primary Registration District No. 2040 Registered No. 66

FULL NAME OF CHILD THOMAS BERTRAND HEYREND
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	March 7 1913

What bacteriocidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Thomas William Heyrend	FULL MAIDEN NAME: Annie Eliza Taylor
RESIDENCE: Rudy	RESIDENCE: Rudy
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: farmer	OCCUPATION: housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) Ray H. Fisher
(Physician ~~or midwife~~)
Address Rigby

Filed March 10 1913 Ray H. Fisher Registrar.
amp

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11730

Primary Registration District No. 2040 Registered No. 66

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	March 7 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Thomas Hyrend	FULL MAIDEN NAME	Annie Taylor
RESIDENCE	Rudy	RESIDENCE	Rudy
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H Fisher

(Physician or Midwife)

Address Rigby,

Given names added from a supplemental report

..... 19.....

Filed March 10 1913 Roy H Fisher Registrar

..... Registrar

S-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAR 27 1953

RECEIVED
MAR 23 1953
DIVISION OF VITAL STATISTICS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 11730

State of Idaho }
County of Bonneville } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Baby Heyrend (Name on Original Certificate) who March (Was Born or Died) on 7th, 1913 (Date of Event)
in Rigby Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Thomas Bertrand Heyrend
Father's Name	Thomas Heyrend	Thomas William Heyrend
Mother's Name	Annie Taylor	Annie Eliza Taylor

Subscribed and sworn to before me this 21st day of March, 1953.

Joe R. Dennis
Notary Public, residing at Idaho Falls Idaho
My commission expires Sept 1, 1956
(Seal)

Signed Annie Eliza Heyrend
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Bonneville } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

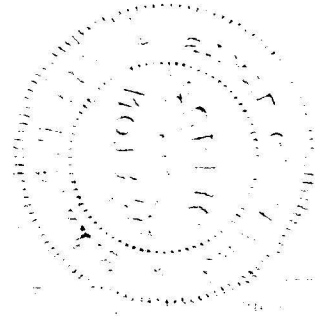
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1953.

Leota C. Nicholes
Notary Public, residing at Idaho Falls, Idaho
My commission expires Nov. 2, 1954
(Seal)

Signed Tacherta Heyrend
(Signature of Any Credible Person Other Than Previous Year)

755 - 12th St Idaho Falls Ida
(Street Address, City, State)



819-229-022 249

PLACE OF BIRTH

County of Fremont

City of Roberts

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11731

Primary Registration District No. 2040 Registered No. 67

FULL NAME OF CHILD Yula May Harwood

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			Yes	Feb. 28 1913

FATHER	MOTHER
FULL NAME: Chas L. Harwood	FULL MAIDEN NAME: Nellie May Burwell
RESIDENCE: Roberts	RESIDENCE: Roberts
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY ..... (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE: West Virginia	BIRTHPLACE: Kansas
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:57 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Jones D. O.

Attending (Physician or midwife)

Address Roberts, Ida

Given names added from a supplemental report

..... 19.....

Filed Mch. 10 1913 Ray H. Gardner Registrar

..... Registrar

amb

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Nov. 13, 1940. E.W.

JUL 10 1973

319-114-022-154

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Garfield

No. ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 2040

File No. 11732

Registered No. 68

FULL NAME OF CHILD ALVIN ANDERSON CAZIER

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Feb. 14 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis Owen Cazier	FULL MAIDEN NAME	Mary Anderson
RESIDENCE	Garfield	RESIDENCE	Garfield
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	School teacher

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

(Physician or midwife)

Address Riley R.F.D.

Given names added from a supplemental report

....19....

Filed Mch 10 1913 Ray H. Fisher Registrar

....Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Nevada }
County of White Pine } ss.

Certificate No. 11732

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Alvin Anderson Cazier (Name on Original Certificate) who was born (Was Born or ~~Died~~) on Feb 14, 1913 (Date of Event)
in Ucon Ida (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
on farm
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on March 21 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "~~Cause of Death~~", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Alvin Anderson Cazier
Alvin Anderson Cazier		

Subscribed and sworn to before me this 21st
day of March 1945

Notary Public, residing at Ely - Nevada

My commission expires June 18-1945
(Seal)

Signed Mrs Mary Cazier
(Signature of ~~parent~~ or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ely, Nev. Box 293
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

253-127-022-399

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of La Belle — Registration District No. 9 — File No. 11733

No. ____ St. — Primary Registration District No. 2040 — Registered No. 84

Hospital ____

FULL NAME OF CHILD Merlin Clarence Beck

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 27 1913

FATHER		MOTHER	
FULL NAME	Clarence L. Beck	FULL MAIDEN NAME	Margaret E. Biggs
RESIDENCE	La Belle	RESIDENCE	La Belle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report

....19....

Filed Mch 1 19 13 Roy S. Fisher Registrar

....Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 8 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

455-205-022-813

PLACE OF BIRTH

County of Fremont

City of Annis

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11734

Primary Registration District No. 2040 Registered No. 83

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Mch 5 1913

FATHER

FULL NAME: Warren L. Merrill

RESIDENCE: Annis

COLOR: W

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary J Hall

RESIDENCE: Annis

COLOR: W

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Idaho.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 1/2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby, Idaho

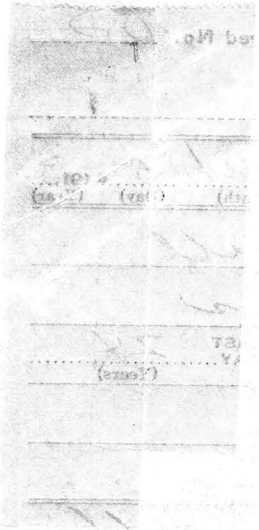
Given names added from a supplemental report

..... 19.....

Filed Mch 11 1913 Reg. A. Fisher Registrar

..... Registrar

8-Y CO. 20175



MERRILL

dup of 1913-D105-631

23/V13:02-415

PLACE OF BIRTH

County of Fremont

City of Menan

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 11735

Primary Registration District No. 2040 Registered No. 87

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.				March 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	N. Staley.	J. N. Daniels
RESIDENCE	Menan.	Menan.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Utah	Idaho.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. G. Mellan

(Physician or midwife)

Address Menan

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 19 13 Ray H. Fisher Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

38-128-022-236

PLACE OF BIRTH

County of Fremont.

City of Hrise.

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11737

Primary Registration District No. 2042 Registered No. 78

FULL NAME OF CHILD Baby Chase

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Jan. 23 1913

FATHER		MOTHER	
FULL NAME	J. A. Chase.	FULL MAIDEN NAME	Florence Scott
RESIDENCE	Hrise, P. O.	RESIDENCE	Hrise, Post Mce
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Ida.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Mch 10 1913 Ida

Registrar

R-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 3-30-60

PLACE OF BIRTH

855-217022-363

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11738

Primary Registration District No. 2040 Registered No. 77

FULL NAME OF CHILD Ruth Maria Henry

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	Feb. 17, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	E. J. Henry	FULL MAIDEN NAME	Nora J. Cole
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5:05 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

Physician (Physician or midwife)

Address Rigby, Idaho

Filed March 10, 1913 Ray H. Fisher

Registrar.

Give names added from a supplemental report.

....., 192.....

.....

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Certificate of Blessing, April 6, 1913 gives full name of child as Ruth Maria Henry, born Feb. 17, 1913 at Rigby, Idaho to E.J. Henry and Nora J. Cole - viewed by V.S. and L.D.S. Church Cert. of Baptism and Confirmation, April 3, 1921 gives full name of child as Ruth Maria Henry, born Feb. 17, 1913 at Rigby, Idaho to Edward J. Henry and Nora Cole - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Cache } ss.

Certificate No. 11738

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed (Name on Original Certificate) who born (Was Born or Died) on January 17, 1913 (Date of Event) in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Ruth Maria Henry
Date of Birth	Jan. 17, 1913	x February 17, 1913

Subscribed and sworn to before me this 17 day of July, 1958

Notary Public, residing at Logan, Utah
My commission expires June 18 - 1962
(Seal)

Signed Nora Jane Cole Henry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

232 East 5 No - Logan Ut,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of August, 1958

Notary Public, residing at Rigby, Idaho
My commission expires 3-12-1959
(Seal)

Signed Ellen E. Henry
(Signature of Any Credible Person)

170 N. 2nd E. Jerome, Idaho
(Street Address, City, State)

FORM DPH 55.155

ING sent 7-7-58. nm

[illegible] born Feb. [illegible]
by [illegible] and L.D.S. Chur[illegible]
Cert. of Baptism and Co[illegible]
[illegible]

Form V. S. No. 11—10m-2-15-22

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rigby

No. 15 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11738

Primary Registration District No. 3040 Registered No. 77

FULL NAME OF CHILD Rosamond

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	Jan 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. J. Henry	Nora J. Cole
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	31
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby, Idaho.

Given names added from a supplemental report

....., 19.....

Filed Mch. 10, 19 13 Ray Fisher

Registrar

.....

Registrar

5-Y CO. 20175

MAR 30 1960

693-22-1022-299

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 11739

Primary Registration District No. 2040 Registered No. 76

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Jan 29 1913

FATHER		MOTHER	
FULL NAME	O. L. Fellows	FULL MAIDEN NAME	Mary Briggs
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	
OCCUPATION	~~Housework~~ Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 10 1913 Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

293.124.022-351

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Dubois

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 11740

Primary Registration District No. 2040 Registered No. 60

FULL NAME OF CHILD Berton Lamar Silcox

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	____	____	Yes	Feb. 24 1913

FATHER

FULL NAME Berton Silcox

RESIDENCE Dubois

COLOR W AGE AT LAST BIRTHDAY 28 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Merle Chase

RESIDENCE Dubois.

COLOR W AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Ida

Given names added from a supplemental report

....., 19.....

Filed March 10 1913 Ray H. Fisher Registrar

S-Y CO. 20174 Registrar

amg

795-123-02-2381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

Registration District No. 9 File No. 11741

Primary Registration District No. 2040 Registered No. 59

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	Feb. 23 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Richard Greenwood	FULL MAIDEN NAME	Elizabeth Chapple
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Butcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby, Idaho

Filed Mch. 10 1913 Kaye H. Fisher Registrar

a. m. C.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

243-20-002-419

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of St Anthony

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2038

File No. 11742

Registered No. 103

FULL NAME OF CHILD Geraldine Beulah Butler

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	and	—	yes	Feb 1 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Bryant Butler	FULL MAIDEN NAME	Juneta Martin
RESIDENCE	St Anthony	RESIDENCE	St. Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Mansfield MD

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 10 1913 Ruth Fisher Registrar

am P.

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/28/41. w.h.

215-219-025 [redacted]

PLACE OF BIRTH

County of Idaho.

City of Cottonwood

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 11744

Primary Registration District No. ~~to 2042~~ Registered No. 252

FULL NAME OF CHILD Mary Theresa Julia Banne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 19th 1913

FATHER		MOTHER	
FULL NAME	Anton Banne	FULL MAIDEN NAME	Julia Duclos
RESIDENCE	Camas, Montana.	RESIDENCE	Camas, Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Matt E. Duclos, (Grandfather of Child)

(Physician, Midwife or Other)

Address Cottonwood, Idaho

Given names added from a supplemental report

Banne 19____

Filed Feby 24 19 13

Jesse L Rains Registrar
Per Blanche Sub Reg.

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

437-205-225-743

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Cottonwood

No ....., ... St.

Hospital .....

Registration District No ~~2042~~ 10 File No. 11745

Primary Registration District No. ~~2042~~ Registered No. 257

FULL NAME OF CHILD MERL GEORGIA Merl M. Pherson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	July 5 1913

FATHER		MOTHER	
FULL NAME	George R McPherson	FULL MAIDEN NAME	Myra M Pitt
RESIDENCE	Cottonwood Ida	RESIDENCE	Same
COLOR	White	AGE AT LAST BIRTHDAY (Years)	46
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Minn	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. McPherson M.D.

Father of Child

(Physician or Midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

Filed July 8th 1913 Jesse E. Ramo Registrar

per Blanche Sohr

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

• MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-3-7-11

• MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Grant }

Certificate No. 11745

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Murl (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on July 5, 1913 (DATE OF EVENT)
in Coulee City (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Murl	Merl Georgia McPherson

Subscribed and sworn to before me this 22
day of July, 1943
Edwin E. Haberly
Notary Public, residing at Ellensburg Wn
My commission expires March 8, 1945
(SEAL)

Signed Mrs Geo. R. McPherson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Grant }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 nd
day of February, 1943
Edwin E. Haberly
Notary Public, residing at Ellensburg Wn
My commission expires March 8, 1942
(SEAL)

Signed Geo R McPherson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 2 1 1943

864-108-02-5--231

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Lottonwood

No. Lewiston St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 11746

Primary Registration District No. 10-2042 Registered No. 256

FULL NAME OF CHILD John Robey Hodges

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	June 8 1912

FATHER	MOTHER
FULL NAME Olin Theodore Hodge	FULL MAIDEN NAME Lillian Ethel Blackburn
RESIDENCE Lottonwood Ida	RESIDENCE Lottonwood Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Moorland Wash.	BIRTHPLACE Lottonwood.
OCCUPATION Farming.	OCCUPATION School Girl.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wesley F. Orr

(Physician or midwife)

Address Lottonwood Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Feby 2 1913

Jesse L Rams
per Burke
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 0 1943

148-19-025-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kentonville

No ....., ... St.

Hospital .....

Registration District No ~~2042~~ 10 File No. 11748

Primary Registration District No ~~2042~~ Registered No. 258

FULL NAME OF CHILD Marion Nelson Jewel Juhl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	July 1 1913

FATHER		MOTHER	
FULL NAME	Nels Juhl	FULL MAIDEN NAME	Florence Williams
RESIDENCE	Kentonville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	18 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Col
OCCUPATION	Laborer	OCCUPATION	House

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) Nels Juhl
Father of Child
(Physician or Midwife)

Address Kentonville Idaho

Filed Feby 28 1913 Jane L. Ramm
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

JUN 2 2 1943

895-122-025-368

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Green Creek

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~1072~~ 10 File No. 11749

Primary Registration District No. ~~1072~~ 2042 Registered No. 259

FULL NAME OF CHILD Carl Heinz Hinkelmann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 22 1913

FATHER		MOTHER	
FULL NAME	Adolph Hinkelmann	FULL MAIDEN NAME	Helene Louisa Lohmann
RESIDENCE	Green Creek	RESIDENCE	Green Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11.20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician or Midwife)

Address Cottonwood, Idaho

Given names added from a supplemental report

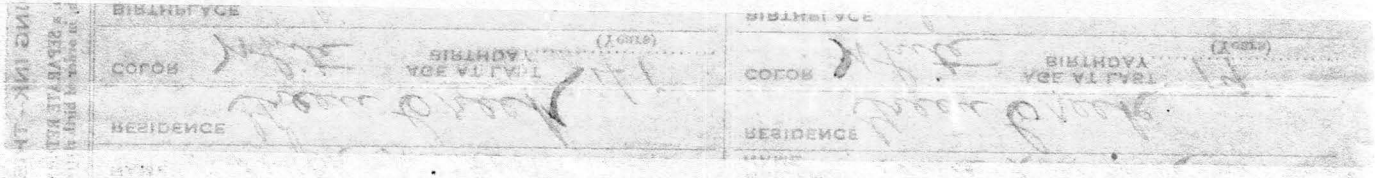
.....19.....

.....
Registrar

Filed Feby 24 1913

Jesse E. Rains
Registrar
per Blore
Sub Reg.

S-Y CO. 20174



249.11810-25-866 Temporary address

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Idaho — Ferdinand Idaho Route 30 Box

City of Ferdinand — Registration District No. ~~2013~~ 10 — File No. 11750

No. — St. No name given — Primary Registration District No. ~~19~~ 2012 — Registered No. 260

Hospital —

FULL NAME OF CHILD Otis Albert Burnett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	4	Yes	Feb 18 1913

FATHER		MOTHER	
FULL NAME	Albert K Burnett	FULL MAIDEN NAME	Eva J Howell
RESIDENCE	Joseph Idaho	RESIDENCE	Joseph Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Iowa	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12-30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Russell Truitt

Physician (Physician or midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feby 27 1913

Jesse E Rains
Registrar
Per Blake Sub Regt

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 17 1942

493-225-025-693

PLACE OF BIRTH

County of Idaho

City of Grasmere

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2101~~ 10 File No. 1175

Primary Registration District No. 2101 Registered No. 254

FULL NAME OF CHILD Vita Fay Mitchell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb 15 1913

FATHER		MOTHER	
FULL NAME	E E Mitchell	FULL MAIDEN NAME	Minnie Titterby
RESIDENCE	Grasmere	RESIDENCE	Grasmere
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Illinois	BIRTHPLACE	Minnesota
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Rutherford

(Physician ~~or midwife~~)

Address Grasmere - Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 28 1913 J. M. Rutherford

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

465-216025-446

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

No. ..... St.

Hospital .....

Registration District No. ~~[illegible]~~ 10 File No. 11753

Primary Registration District No. 2101 Registered No. 250

FULL NAME OF CHILD Roberta Janette Donaldson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Female				yes	Jan 16 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Elmer Dean Donaldson	FULL MAIDEN NAME	Jennie Dreffenbaugh
RESIDENCE	Stites Idaho	RESIDENCE	Stites, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Depot Agent	OCCUPATION	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.M. Verbeke MD

(Physician ~~or midwife~~)

Address Kooskia Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 8 1913 J.M. Verbeke MD Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DEC 3 1952

FEB 18 1952

Amended 9-24-64

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11754
Local Reg. No. 251
Reg. Dist. No. 10

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tahoe

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Tahoe

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Casey b. (Middle) Gilbert c. (Last) Toll

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 29, (Year) 1913

FATHER OF CHILD

7. FULL NAME: a. (First) Lester b. (Middle) c. (Last) Toll

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Illinois

10. USUAL OCCUPATION: Rancher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Linda b. (Middle) c. (Last) Hemphill

13. AGE (At time of this birth): 21 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Illinois

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. F. Schrader, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Stites, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 25, 1913

22. REGISTRAR'S SIGNATURE: Jesse L. Rains

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...RICT WHERE THE BIRTH OCCURRED WITHIN 10 days after the date of birth of the child. Address ...VITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 8 1964
Bureau of Vital Statistics

State of Idaho
County of Payette } ss.

Certificate No. 11754

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Tole (male child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 29, 1913 (Date of Event)
in Tahoe, Idaho - Idaho County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Casey Gilbert Toll
Father's Last Name	Tole	Toll

Subscribed and sworn to before me this 20th day of February, 1964

Notary Public, residing at Payette, Idaho
My commission expires March 1966
(Seal)

Signed Linda Toll.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(mother) 254 N.W. 5th St, Ontario, Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Payette } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of February, 1964

Notary Public, residing at Payette, Idaho
My commission expires March 1966
(Seal)

Signed Chester W. Toll
(Signature of Any Credible Person)
(Brother) Box 163 Fruitland, Ida.
(Street Address, City, State)

FORM DH 60-155 CL 2-10-64. nm

Application for Social Security Account Number, for Nina Loraine Toll Mazingo, date issued Sept. 5, 1942 gives full name of father as Lester William Toll - viewed by V.S.

Another Child's Birth Cert. on file: (Idaho Birth) #21313 gives full name of father as Lester William Toll - viewed by V.S.

State of Idaho, Marriage License and Certificate, County of Payette, married Feb. 25, 1934 at Fruitland, Idaho gives full name of groom as Casey Gilbert Toll and full name of bride as Merna Frasier - viewed by V.S.

Own Child's Birth Cert., cert. photo copy - issued May 14, 1947 - State of Oregon, State File No. 113 - gives full name of child as Ted Gilbert Toll, born January 10, 1947 at Oregon City, Oregon to Casey Gilbert Toll and Merna Lee Frazier - viewed by VS

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Tahoe

No. ..... St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 11754

Primary Registration District No. 2101 Registered No. 75

FULL NAME OF CHILD —— Tole

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Jan 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lester Tole	Linda Hemphill
RESIDENCE	Tahoe — Idaho	Tahoe Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	21
BIRTHPLACE	Illinois	Illinois
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5-15 P.M. on the date above stated.

(Signature) H. F. Schrader M.D.

(Physician or midwife)

Address Tahoe — Idaho

Filed Feby. 25 1913 Jesse L. Raine Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 24 1964

944.12-025-433

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 10 File No. 11755

Primary Registration District No. 1001 Registered No. 248

FULL NAME OF CHILD Williana J. Zumwalt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 21, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert O Zumwalt	Mary McClellan
RESIDENCE	Grangeville Ida	Grangeville Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	34	24
BIRTHPLACE	Washington	Georgia
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mch. 3 1913 Jesse L. Rains
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. II-C—Rev. 6-27-1

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

BIRTH

225-23-025-29

Amended 10-16-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11756
Local Reg. No. 249
Reg. Dist. No. 10

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mt. Idaho

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Mt. Idaho

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Maxine b. (Middle): Ida c. (Last): Skelton

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 13, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Harvey b. (Middle): M c. (Last): Skelton

8. AGE (At time of this birth): 21 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Washington

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Veva b. (Middle): c. (Last): Bradley

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Oregon

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. S. Stockton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Grangeville, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: March 3, 1913

22. REGISTRAR'S SIGNATURE: Jesse L. Rains

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address
ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Chelan } ss.

Certificate No. 11756

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ida Maxine Skelton (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1913 (Date of Event)
in Mt. Idaho, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School record (Bible Record, Insurance Policy, Etc.) prepared on Sept 6, 1927 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ida Maxine Skelton	Maxine Ida Skelton

Subscribed and sworn to before me this 12 day of Sept., 1967

Notary Public, residing at Leavenworth
My commission expires May 21, 1968
(Seal)

Signed Iva Bachow
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
505 Birch Leavenworth, Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Chelan } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of Sept., 1967

Notary Public, residing at Leavenworth
My commission expires May 21, 1968
(Seal)

Signed Mrs L M Vincent
(Signature of Any Credible Person)
146 W Whitman
(Street Address, City, State)
Leavenworth, Wash.

CL 9-8-67. AM one copy pd. rec. #22110.

(R F64w DH) 60- 155

The Manufacturers Life Insurance Co. Policy, April 16, 1935 gives full names as Aaron A. Blaskowsky and Maxine Ida Blaskowsky - viewed by V.S.

Certificate of Marriage, State of Washington County of Chelan, married Dec. 2, 1934 gives full name of groom as Aaron Blaskowsky and full name of bride as Maxine Skelton- viewed by V.S.

Notification of Birth Registration, State of Washington, gives full name as Gordon Lee Blaskowsky, born Aug. 18, 1936 at Leavenworth, Washington to Aaron Abraham Blaskowsky and Maxine Ida Skelton - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-6-30-11

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 11756

Primary Registration District No. 7 0 5 1 4 Registered No. 289

FULL NAME OF CHILD Ida Maxine Skelton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb 13, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey M Skelton	Vera Bradley
RESIDENCE	Mt Idaho	Mt Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Washington	Oregon
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G S Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

..... 19....

Filed ~~Feb~~ Mch. 3 1913 Jesse L. Rains

Registrar

S-Y CO., 16670

Registrar

JUL 27 1966
OCT 16 1967

269-21-1025-293

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville Registration District No. 10 File No. 11757

No. ....., ... St. Primary Registration District No. 2044 Registered No. 247

Hospital .....

FULL NAME OF CHILD Mable Irene Sowerwine

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb 17, 1913

FATHER		MOTHER	
FULL NAME	John M Sowerwine	FULL MAIDEN NAME	Ethel Clare Kitzmiller
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or [redacted])

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed ~~Feb 3~~ Mch. 3 19 13

Jessie L. Kains
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 28 1942

SOEWEIDE

DUP OF 1913 - 358189

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

OCT 12 1942

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 358189
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Idaho (b) City Grangeville
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 23 years 4 months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Idaho
(c) City Grangeville
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 10 yrs.

3. RESIDENCE OF FATHER (city, state) Grangeville Ida.

4. FULL NAME OF CHILD Mabel Irene Sorweide

5. Date of Birth of Child (Month, day, year) Feb. 17, 1913

6. Sex Female **7.** Twin or Triplet **If so—born** 1st, 2nd, 3rd **8.** No. months of Pregnacy 9 **9.** Legitimate? X

FATHER OF CHILD

10. FULL NAME John M. Sorweide
11. Color or Race White **12.** Age at time of THIS birth 29 yrs.
13. Birthplace Iowa (City or town) (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. FULL MAIDEN NAME Ethel Claire Kitzmiller
17. Color or Race White **18.** Age at time of THIS birth 23 yrs.
19. Birthplace Cottage Grove Oregon (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum 2
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (Born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

25. Attendant's **OWN** signature ____ M.D. / Midwife ____ Address ____ Date ____

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

State of Idaho } ss.
County of Latah }

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 52 years of age, that I have known this person for 29 years, and that Dr. Stockton (First name) (Last name), who attended this birth, is now deceased (Is now deceased) or (Cannot be located) I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

x Mrs. Ethel Sorweide Signature
Potlatch Idaho P. O. Address

Subscribed and sworn to before me this 7th day of October, 1942.
(SEAL) ____ Notary Public, residing at Potlatch Idaho.
(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on OCT 12 1942 by Mabel Kesler, Registrar.

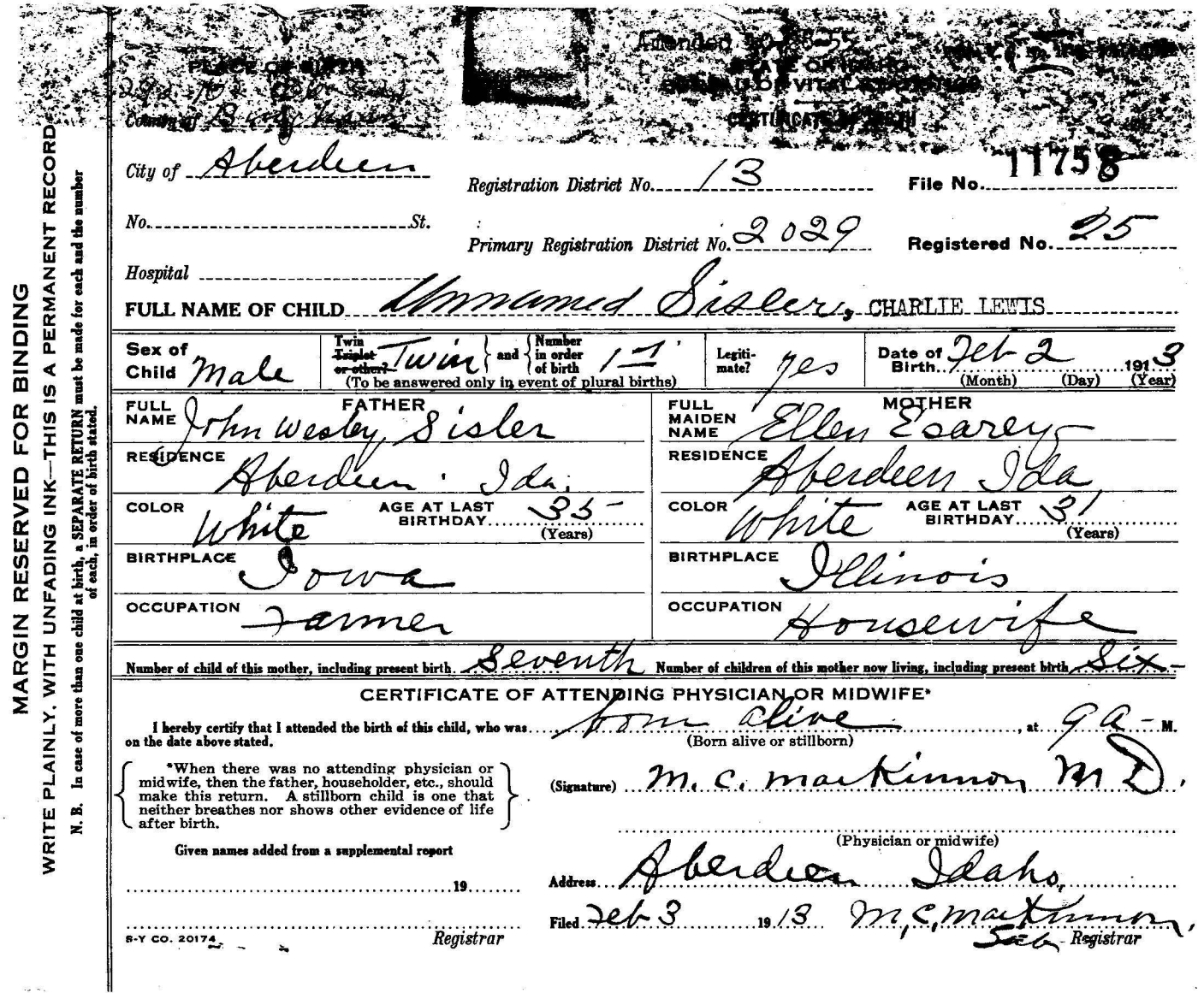
DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

DELAYED

DUP OF 1913-11757



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

292 10 Ada Co

County of Ada

Amended

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Aberdeen

Registration District No. 13

File No. 11758

No. St.

Primary Registration District No. 2029

Registered No. 25

Hospital

FULL NAME OF CHILD Unnamed Sisler, CHARLIE LEWIS

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	1st	yes	Feb 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Wesley Sisler	Ellen Esarey
RESIDENCE	Aberdeen Ida.	Aberdeen Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	31
BIRTHPLACE	Iowa	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth Seventh

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 9 A. M.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Idaho

Filed Feb 3 1913 M. C. MacKinnon Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. P-O-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 10-22-55

PLACE OF BIRTH

RECEIVED
AUG 24 1955
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Contra Costa }

Certificate No. 11758

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Sisler (1st Twin) (Name on Original Certificate) who was born (Was Born or Died) on February 2, 1913 (Date of Event) in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Enlistment Record 11 Aug. 1954 statement of commanding officer prepared on August 11, 1955 (Bible Record, Insurance Policy, etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Sisler	Viewed by Div. of Vital Statistics ~~Charlie Sisler~~ Charlie Lewis Sisler

Subscribed and sworn to before me this 19th day of August, 19 55

Notary Public, residing at Richmond, Calif.
My commission expires May 28, 1958
(Seal)

Signed Nellie S Gray
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1803 Ralston Ave Richmond 9, Calif
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of California }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of August, 19 55

Notary Public, residing at Richmond, Calif.
My commission expires May 28, 1958
(Seal)

Signed Richard A Sisler
(Signature of Any Credible Person)
1803 Ralston Ave Richmond Calif
(Street Address, City, State)

OCT 31 1955

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

292-102-006-521

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Registration District No. 13 File No. 11759

Primary Registration District No. 2029 Registered No. 26

Hospital .....

FULL NAME OF CHILD Unnamed Sisler

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	2nd	yes	Feb 2 1913

FATHER		MOTHER	
FULL NAME	John Wesley Sisler	FULL MAIDEN NAME	Ellen Esavey
RESIDENCE	Aberdeen, Ida.	RESIDENCE	Aberdeen, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Iowa	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Eighth

Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed Feb 9 19 13 M. C. MacKinnon Registrar

..... Registrar

S-Y CO. 20174

OCT 8 1975

857-209-006-869

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11760

Primary Registration District No. 2029 Registered No. 27

FULL NAME OF CHILD Marie Hege

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Feb. 9 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ulrich Hege	FULL MAIDEN NAME	Elizabeth Horsch
RESIDENCE	Aberdeen Ida	RESIDENCE	Aberdeen Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Sixth

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon, M. D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

..... 19.....

Filed Feb 11th 1913 M. C. MacKinnon Registrar

..... Registrar

S-Y CO. 20174

962.22.1006-238

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen

Registration District No. 13 File No. 11761

No. ____ St.

Primary Registration District No. 2029 Registered No. 28

Hospital ____

FULL NAME OF CHILD Simone Robert

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Feb. 24 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Stephen Robert	FULL MAIDEN NAME Elise Schmeegger
RESIDENCE Aberdeen Ida	RESIDENCE Aberdeen. Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Switzerland	BIRTHPLACE Switzerland
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. Mackinnon, M. D.

(Physician or midwife)

Address Aberdeen Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 24 1913 M. C. Mackinnon Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1968

AUG 2 2 1942

717-21-006-766

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 410 E. Shilling St.

Registration District No. 13 File No. 11762

Primary Registration District No. 1007 Registered No. 29

Hospital No

FULL NAME OF CHILD Ruby Paxton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	2 11 1913

FATHER	MOTHER
FULL NAME Ephrum Paxton	FULL MAIDEN NAME Sarah Goodson
RESIDENCE Blackfoot	RESIDENCE Blackfoot
COLOR White	COLOR
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Electrician	OCCUPATION Housewife

Number of child of this mother, including present birth six

Number of children, of this mother, now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, lived 4 hrs. at 4:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Bastow

Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

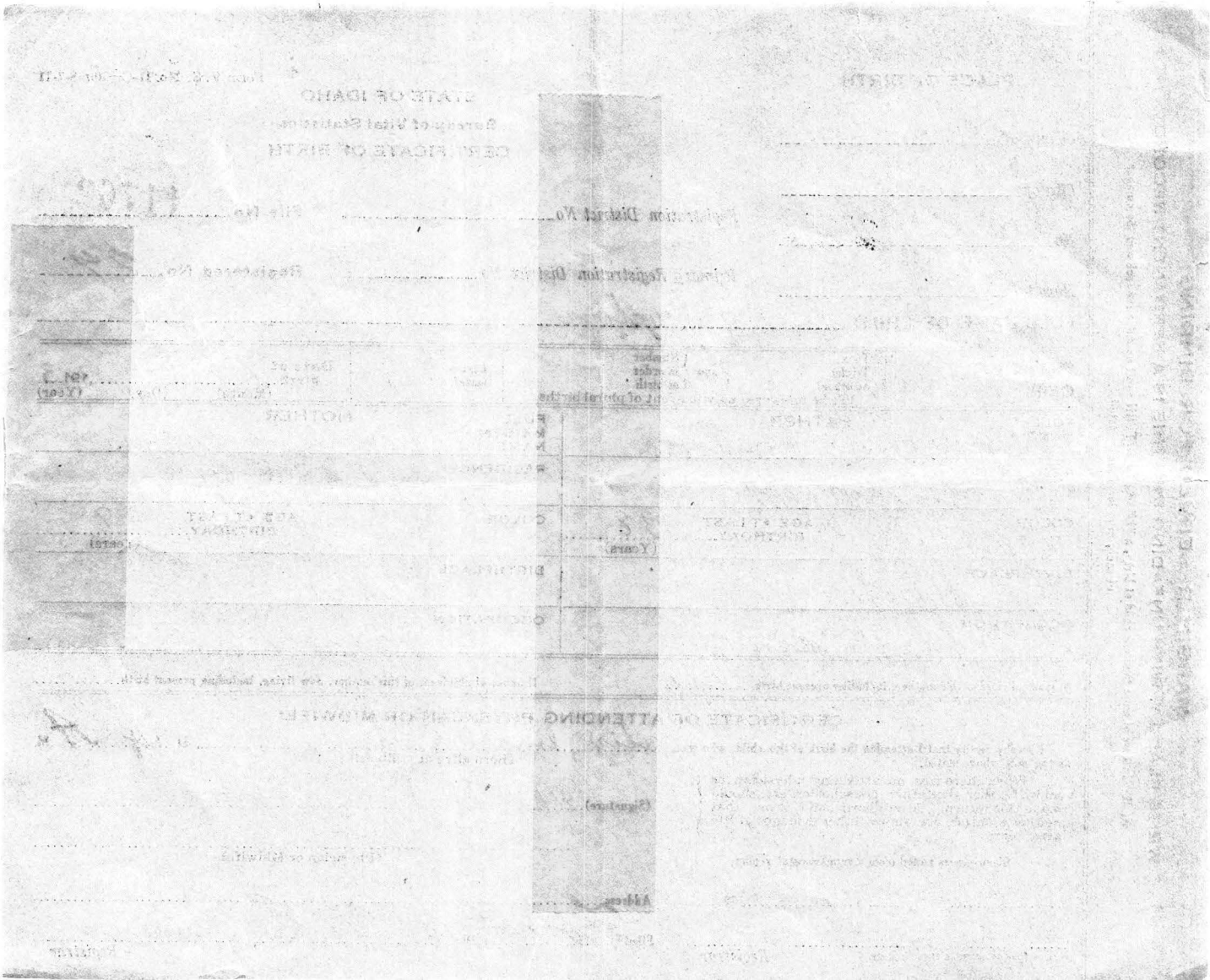
Filed Feb 11th 1913 W. E. Parke
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



63.105.006.491

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of ~~Blackfoot~~ Bingham

City of Blackfoot

No 1 ~~Ash~~ St.

Registration District No 13 File No. 11763

Primary Registration District No. 1007 Registered No. 30

Hospital Ho

FULL NAME OF CHILD Elden Roy Watts

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 5 1913

FATHER		MOTHER	
FULL NAME	George O. Watts	FULL MAIDEN NAME	Elsie J. Draper
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Feb. 12 1913 W. E. Petrie

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

AUG 6 1942

79-106006143

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot ward 1

Registration District No. 13 File No. 11764

No. ____ St.

Primary Registration District No. 2053 Registered No. 31

Hospital ____

FULL NAME OF CHILD Unnamed Pratt

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	Feb 6 1913

FATHER	MOTHER
FULL NAME Joseph Pratt	FULL MAIDEN NAME Mary Adler
RESIDENCE Blackfoot Idaho	RESIDENCE Blackfoot Idaho
COLOR White	COLOR
AGE AT LAST BIRTHDAY 46 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah	BIRTHPLACE Holland
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 1. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Feb 13 1913

M. E. Patrie
Registrar

.....
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-70m-6-11-51

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

299-109-00 6363

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Bloxford ward No 4 Registration District No. 13 File No. 11765

No. ..... St. Primary Registration District No. 2053 Registered No. 32

Hospital .....

FULL NAME OF CHILD James Harold Kirkpatrick

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth
Male			Yes	Feb 9 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME James F Kirkpatrick	FULL MAIDEN NAME Mary Catton
RESIDENCE Bloxford Idaho	RESIDENCE Bloxford, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Colorado
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. McDonald

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 13 19 13 M E Patrie

Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

MAY 9 1975

699.204.006-962

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot Rural 2. Registration District No 13 File No. 11766

No. none St.

Hospital No. Primary Registration District No. 2053 Registered No. 93

FULL NAME OF CHILD Lucile Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl				Yes	3 4 1913

FATHER		MOTHER	
FULL NAME	Cyril J. Wright	FULL MAIDEN NAME	Esther Robinson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth. Two

Number of children, of this mother, now living, including present birth. Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Mch 13 1913 M. E. Pettis Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

699-101-006-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. none, Judicial St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11767

Primary Registration District No. 1007 Registered No. 34

FULL NAME OF CHILD Earl Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	3 1 1918

FATHER		MOTHER	
FULL NAME	Joseph S. Wright	FULL MAIDEN NAME	Amanda Monson
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth five

Number of children, of this mother, now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 2.40 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batwoy

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 13 19 13 M. E. Patric

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 1170

545-22-6066

PLACE OF BIRTH

Form V. S. No. H-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No None, W. Spruce St.

Registration District No 13 File No. 11768

Primary Registration District No. 1007 Registered No. 33

Hospital No

FULL NAME OF CHILD ~~Rose Emerick~~ FLORENCE ROSE EMERICK

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	2 / 22 / 1913

FATHER		MOTHER	
FULL NAME	James L. Emerick	FULL MAIDEN NAME	Madge Woodhead
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Kansas
OCCUPATION	Attorney	OCCUPATION	Teacher

Number of child of this mother, including present birth Three

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 2:10 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

Midwife (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 13 1913 W. E. Petrie

SYMS - YORK CO., PTRS. & BDRS. 17926

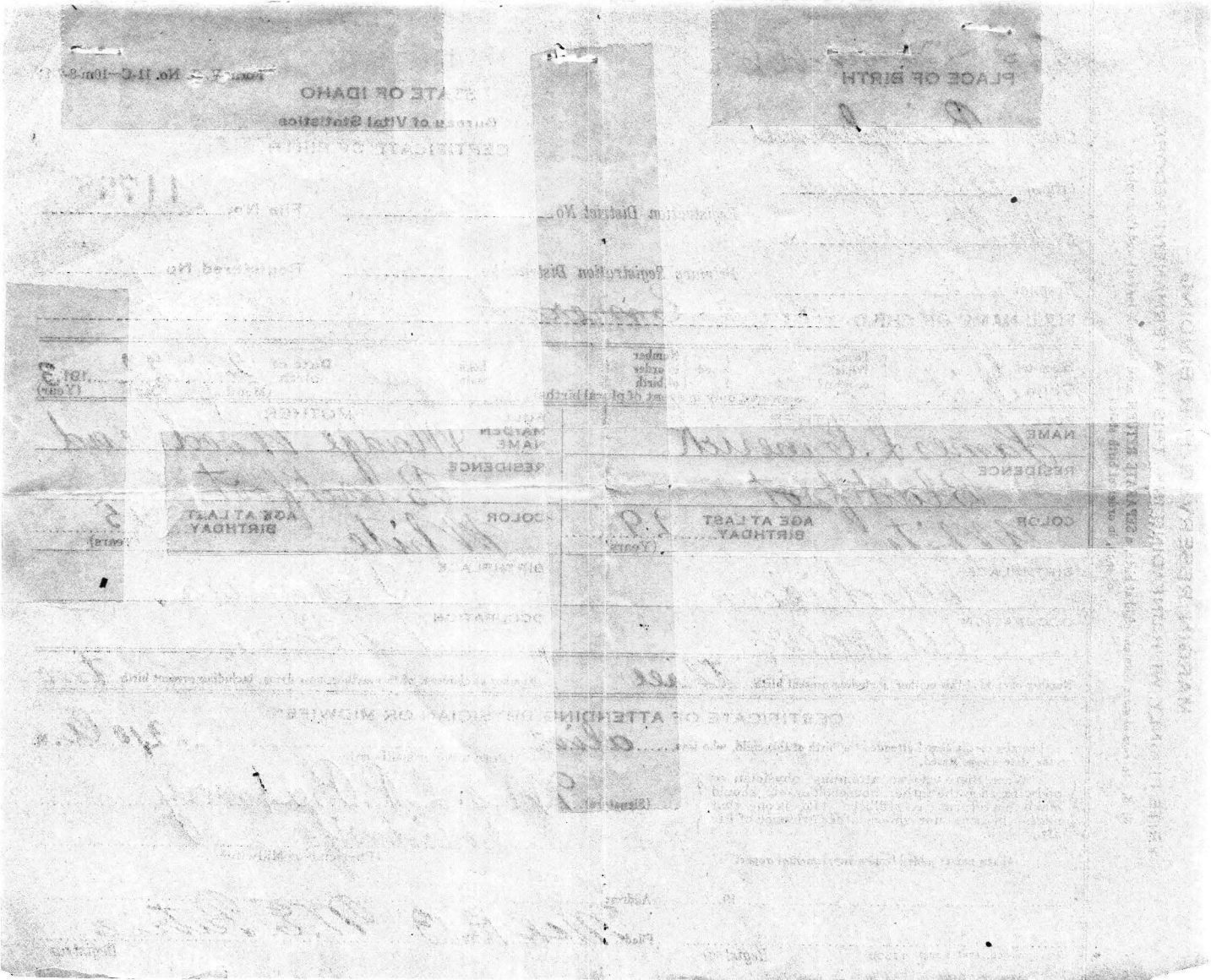
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 11768

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Rosa	Florence Rose Emerick

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mrs Madge Miner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Arkansas } ss.
County of Crittenden }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear thaf he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21
day of Aug 1942

Notary Public, residing at P.D. White

My commission expires April 15-1946
(Seal)

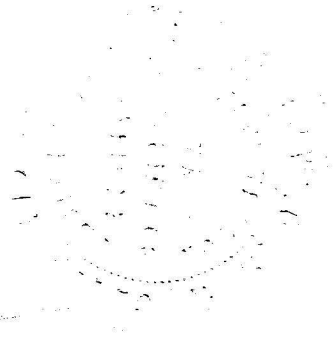
Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

AUG 25 1942

SEP 3 1942

OCT 15 1974



815-101-00b459

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

Registration District No. 13 File No. 11769

No. ____, ____ St.

Primary Registration District No. 2053 Registered No. 36

Hospital ____

FULL NAME OF CHILD Eugean Merrell Hancock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vernon Hancock	Swellu Merrell
RESIDENCE	Blackfoot	Blackfoot
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	22
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John B. Cooper M.D.

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

..... 19.....

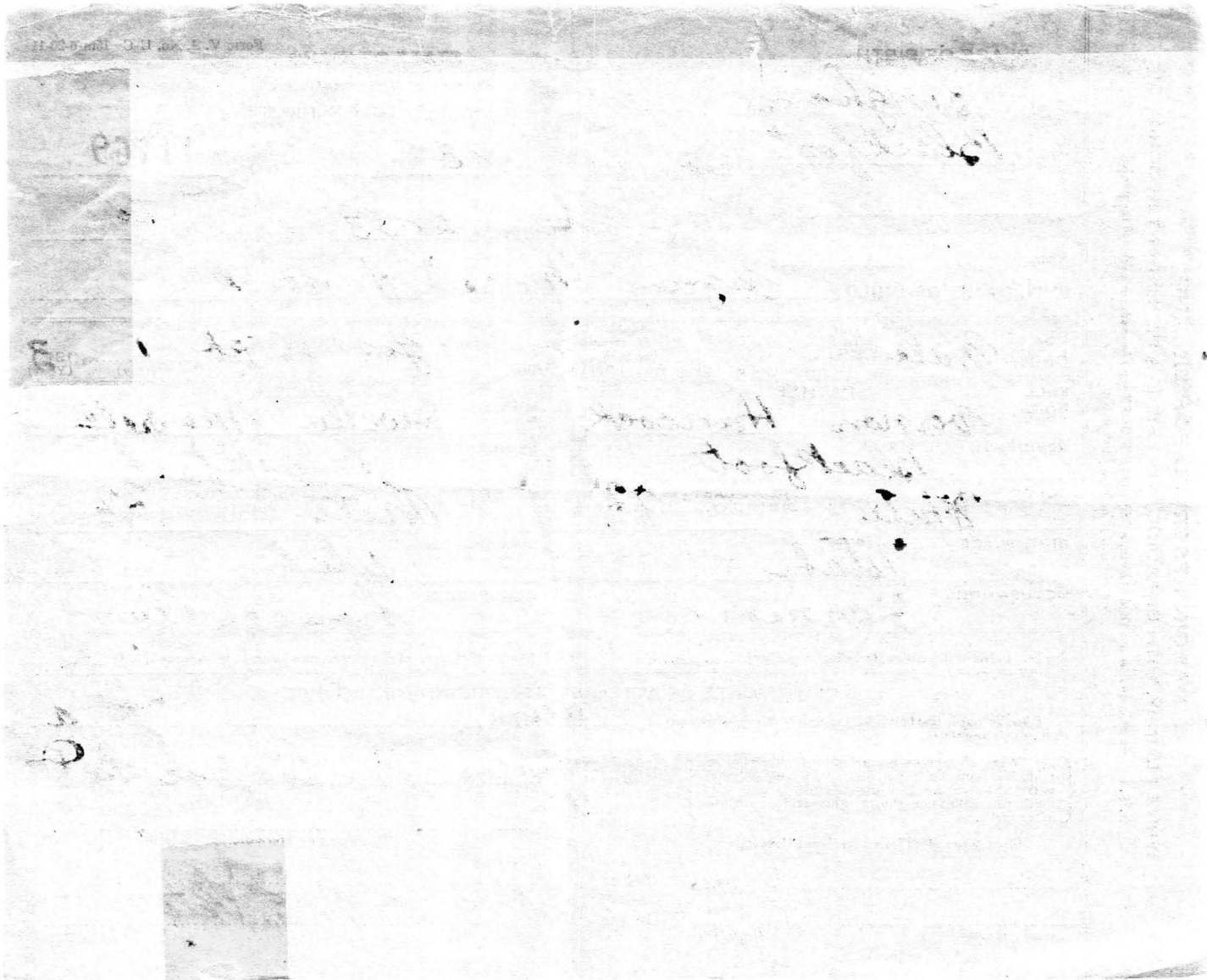
Filed Mch 13 19 13 M. E. Patrick

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



964-120-006-643

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Groveland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11770

Primary Registration District No. 2053 Registered No. 37

FULL NAME OF CHILD Unnamed Roundy

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	3rd	yes	2 20 1915

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Edmund Roundy	Cassie D. Fulmer
RESIDENCE	Groveland	Groveland
COLOR	White	white
AGE AT LAST BIRTHDAY	29 (Years)	27 (Years)
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. N. Powers

(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar 1 1913 W. E. Patrick

..... Registrar

S-Y CO. 20174

Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of _____

City of _____

No. _____

Hospital _____

Registration District No. _____ File No. _____

Local Registrar's No. _____ Registered No. _____

No.	Sex	Legal Name	Date of Birth (Month) (Day) (Year)
(Usual Residence)			

FULL MAIDEN NAME

MOTHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

PHYSICIAN OR MIDWIFE

Form V. S. No. 2042—2000-10-12

389.102.006.649

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—1911-8-7-11

PLACE OF BIRTH

County of Bingham

City of Moreland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11771

Primary Registration District No. 2053 Registered No. 38

FULL NAME OF CHILD Chancy Ray Christiansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				1 2 1913

FATHER		MOTHER	
FULL NAME	Chancie Christiansen	FULL MAIDEN NAME	
RESIDENCE	Moreland	RESIDENCE	Violate Farmer
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	George town Idaho	BIRTHPLACE	Bear Lake Idaho
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) Mary A Heatch

Midwife (Physician or Midwife)

Address Blackfoot Idaho

Filed Mch 3 1913 M. E. Patrie Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

FEB 19 1974

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

REC MAR 18 9 VITAL STATISTICS

RECEIVED MAR 18 9 AM '74 VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of NEVADA } ss.
County of Washoe }

Certificate No. 11771

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Christiansen (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 2, 1913 (Date of Event)
in Moreland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Chancy Ray Christiansen

Subscribed and sworn to before me this 11th day of March, 1974

Michelle C. DeVere

Notary Public, residing at

My commission expires

(Seal)

MISCHELLE C. DE VERE
Notary Public — State of Nevada
Washoe County
My Commission Expires July 10, 1976

Signed Violet Christiansen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4215 Pamela Way, Reno, Nev. 89502
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of NEVADA } ss.
County of Washoe }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of March, 19 74

Joyce R. Fleming

Notary Public, residing at Reno, Nevada

My commission expires

(Seal)

JOYCE R. FLEMING
Notary Public — State of Nevada
Washoe County
My Commission Expires Sept. 13, 1975

Signed Carlton Lund
(Signature of Any Credible Person)

67 W. Liberty St., Reno, Nevada
(Street Address, City, State)

FORM DH 60-155

C. 1974

Letter from the LDS Church, Walnut Creek Second Ward, Walnut Creek Stake gives name as Chancy Ray Christiansen born Jan. 2, 1913. Blessed April 6, 1913. Baptized July 2, 1921. Viewed by V. S.

MAR 2 7 1974

Honorable Discharge from the MK U.S. Navy gives name as Chancy Ray Christiansen. born Jan. 2, 1913. date of separation given as Jan. 30, 1945. Viewed by VS

753-125 · 806-318

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Naples Mud — Registration District No. 73 — File No. 11772

No. ____ St. — Primary Registration District No. 2053 — Registered No. 30

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

FULL NAME OF CHILD Armand Peterson, Glenn Marion

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb 25 1913

FATHER

FULL NAME John T. Peterson

RESIDENCE Blackfoot Idaho

COLOR White — AGE AT LAST BIRTHDAY 47 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Sarah Elizabeth Taylor

RESIDENCE Do

COLOR White — AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petrie

Phys. (Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Mch 3 19 13 — M. E. Petrie Registrar

S-Y CO. 20174

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11772

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Peterson (Name on Original Certificate) who was born (Was Born or Died) on February 25, 1913 (Date of Event)
in Bingham County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by # 255208 - #293046 (Hospital Record, Insurance Policy, Etc.) prepared on May 4, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Glenn Marion Peterson
	Viewed by V.S.	

Subscribed and sworn to before me this 13 day of March, 1957

H Wendell Ritchie
Notary Public, residing at Kenturing Idaho
My commission expires apr. 15, 1958
(Seal)

Signed Myron Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

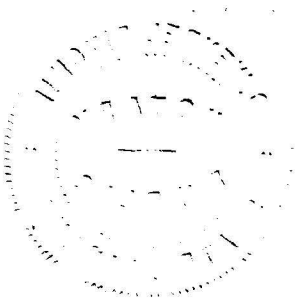
Subscribed and sworn to before me this 13 day of March, 1957

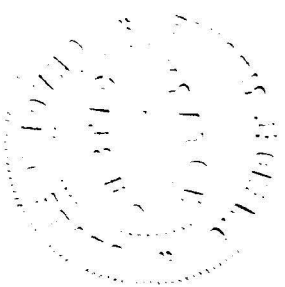
H Wendell Ritchie
Notary Public, residing at Kenturing Idaho
My commission expires apr 15, 1958
(Seal)

Signed Ralph L Peterson
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JUL 9 1957





249-213-006-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham.

City of Blackfoot

No. Ward #3. St.

Registration District No. 13 File No. 11773

Primary Registration District No. 2053 Registered No. 40

Hospital ~~Gas~~

FULL NAME OF CHILD Ruth Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	Feb. 13 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mr. C. F. Smith	Sarah C. Walker.
RESIDENCE	Blackfoot. Ida.	Blackfoot Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	40
BIRTHPLACE	Iowa.	England
OCCUPATION	Laundry. Man.	Housewife.

Number of child of this mother, including present birth Seven

Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Mundstock

(Physician or midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Mch 4 19 13 W. E. Gatrie

Registrar

5-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

141-21 (306-719

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Riverside

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 03 File No. 11774

Primary Registration District No. 2052 Registered No. 41

FULL NAME OF CHILD Ines. Adams.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	La Roy Adams.	Cora Carson.
RESIDENCE	Riverside	Riverside
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Idaho.	Idaho.
OCCUPATION	Farmer.	Housework.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Mch 4 19 13 M. E. Jarvis Registrar

S-Y CO. 20174

JAN 1 0 1975

294-27-ERK-251

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Groveland

No. ..... St.

Hospital .....

Registration District No. 13 File No. 11775

Primary Registration District No. 2053 Registered No. 242

FULL NAME OF CHILD Elsie Molly MOLLIE Bruce

Sex of Child: Female | Twin, Triplet or other? — | and Number in order of birth — | Legitimate? Yes. | Date of Birth: Feb. 17 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Jas. F. Bruce.	FULL MAIDEN NAME: Nellie M. Beasley.
RESIDENCE: Groveland.	RESIDENCE: Groveland.
COLOR: White. AGE AT LAST BIRTHDAY: 26 (Years)	COLOR: White. AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Texas.	BIRTHPLACE: Colorado.
OCCUPATION: Farmer.	OCCUPATION: Housewife.

Number of child of this mother, including present birth: Two.

Number of children of this mother now living, including present birth: Two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 4 1913 W. E. Patrick Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bingham } ss.

Certificate No. 11775

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Elsie Mollie Bruce (Name on Original Certificate) who was born (Was Born or Died) on Feb. 17, 1913 (Date of Event)
in Blackfoot, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Molly	Elsie Mollie Bruce

Subscribed and sworn to before me this 14th day of October, 19 42

Notary Public, residing at Blackfoot, Idaho

My commission expires Jan. 6, 1944
(Seal)

Signed Vern Bruce
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

OCT 2 0 1942

235-218-0006-195

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. #9 Ash St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11776

Primary Registration District No. 1007 Registered No. 43

FULL NAME OF CHILD Elizabeth Gleukle

Sex of Child: Female

Twin, Triplet or other? (To be answered only in event of plural births): and Number in order of birth:

Legitimate? Yes

Date of Birth: Feb 18 (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Markus Gleukle

RESIDENCE: Blackfoot.

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Germany

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Anna Unruh

RESIDENCE: Blackfoot

COLOR: White AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Germany

OCCUPATION: Housework

Number of child of this mother, including present birth: Four

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) F. A. Mitchell

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Mch 4 1913 M. E. Patrick Registrar

8-Y CO. 20174

PLACE OF BIRTH*

5-23-12-cert-769

Form V. S. No. 1-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Porterville

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 11777

Primary Registration District No. 2053 Registered No. 447

FULL NAME OF CHILD LOWELL JOHN Nelson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Feb. 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earl Nelson.	Cyrilla Porter
RESIDENCE	Porterville	Porterville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	24
BIRTHPLACE	Nebraska.	Pennsylvania.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth five. Number of children of this mother now living, including present birth five.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 4 19 13 W. E. Patrick

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 11777

JAN 23 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Lyle Nelson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 24, 1913 (DATE OF EVENT)
in Blackfoot, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by none (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on none (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Lyle Nelson	Lowell John Nelson
name of mother	Arville Porter	Arvilla Porter
Female		Male

Subscribed and sworn to before me this 22nd. day of January, 1942.

Jos. H. Falk Clerk of District Court

~~Notary Public~~, residing at Blackfoot, Idaho.

My commission expires Jan. 11th. 1943

(SEAL)

Signed Carl W. Nelson Father

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of January, 1942.

Jos. H. Falk Clerk of District Court

~~Notary Public~~, residing at Blackfoot, Idaho.

My commission expires Jan. 11th. 1943.

(SEAL)

Signed Arvilla Nelson Mother

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 23 1942 By

(REGISTRAR'S SIGNATURE)

JAN 28 1942

FEB 19 1942

419-22?-006-452

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-13-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Brigham

City of Blackfoot

No. Wood-H-1 St.

Hospital

Registration District No. 13 File No. 11778

Primary Registration District No. 2053 Registered No. 457

FULL NAME OF CHILD Unnamed Marks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	February 27 1913

FATHER	MOTHER
FULL NAME David Marks	FULL MAIDEN NAME Minnie Meshmith
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	AGE AT LAST BIRTHDAY 48 (Years)
BIRTHPLACE Austria	COLOR White
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 37 (Years)
	BIRTHPLACE Germany
	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Mch 4 19 13 M. E. Patrick
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

296-221-0006753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Ward

Registration District No. 13 File No. 11779

No. ____ St.

Primary Registration District No. 2053 Registered No. 46

Hospital ____

FULL NAME OF CHILD Rida Artheretta Broadhead

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	2 21 1913

FATHER		MOTHER	
FULL NAME	Arthur J. Broadhead	FULL MAIDEN NAME	Effie Alice Peterson
RESIDENCE	Thomas Ward	RESIDENCE	Thomas Ward
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife & Mother

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marion Crawford

Midwife (Physician or midwife)

Address Blackfoot R.F.D. No 2

Given names added from a supplemental report

....19....

Filed Mch 4 1913 M.E. Patrie

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 13 1972

495-HOT-842-331

Amended 2-19-63 (Be sure the information is complete and accurate)

State File No. 11780
Local Reg. No.
Reg. Dist. No. 23

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hollister
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Mary
b. (Middle): Lenore
c. (Last): Diebolt

4. SEX: Girl

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 3, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): J.
b. (Middle): R.
c. (Last): Diebolt

8. COLOR OR RACE: White

9. AGE (At time of this birth): 40 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Kansas

11a. USUAL OCCUPATION: Business

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Mary
b. (Middle):
c. (Last): Clark

13. COLOR OR RACE: White

14. AGE (At time of this birth): 35 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Missouri

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. R. Morgan

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Twin Falls, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 2-10-1913

20. REGISTRAR'S SIGNATURE: John F. Coughlin

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bir Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of ~~Physician~~: DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hollister — Registration District No. 23 — File No. 11780

No. ____, ____ St. — Primary Registration District No. 2088 — Registered No. ____

Hospital ____

FULL NAME OF CHILD Wm. Elmore Driebolt.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl		1	yes	Feb. 3, 1913

FATHER		MOTHER	
FULL NAME	J. R. Driebolt	FULL MAIDEN NAME	Mary Clark
RESIDENCE	Hollister.	RESIDENCE	Hollister.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) Feb. 3, 1913, at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.R. Morgan

(Physician ~~or Midwife~~)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-10 1913 Joliet F. Coughlin

Registrar

S-Y CO., 16670

PLACE OF BIRTH

County of Twin Falls

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 1

FEB 20 1963

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11780

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for M. Elnora Diebolt (Name on Original Certificate) who was born (Was Born or Died) on Feb. 3, 1913 (Date of Event)
in Hollister, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	M. Elnora Diebolt	Mary Lenore Diebolt

Subscribed and sworn to before me this 7th day of July, 1961

Twin Falls

Notary Public, residing at Twin Falls, Idaho

My commission expires April 1, 1963

(Seal)

Signed Mary L Diebolt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of July, 1961

Twin Falls

Notary Public, residing at Twin Falls, Idaho

My commission expires April 1, 1963

(Seal)

Signed Mary Diebolt

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3-22-61. one copy pd. receipt #13810.

Own child's birth certificate on file Idaho#352231 gives name as Mary Lenore Diebolt.

Certificate of Baptism issued April 7, 1961 by St. Edward's Church, Twin Falls, Idaho gives name as Mary Lenore Diebolt. baptized Feb 23, 1913. viewed by V.S.

253-112-042-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 2087 File No. 11781

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Beckwith, Clarence A.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Feb 12 1913

FATHER		MOTHER	
FULL NAME	Comins Beckwith	FULL MAIDEN NAME	Elizabeth Harding
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	rancher	OCCUPATION	housework

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 4 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellington MD

(Physician or midwife)

Address Buhl Ida

Given names added from a supplemental report

..... 19.....

Filed 2-15 1913 J. H. Murphy Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RECORDED
MARRIAGE RECORD
HT—1M 11 ON

NOV 13 1953

Amended 6-24-59

PLACE OF BIRTH

849.207.042-295

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 11782

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Vena Fanny Quinn

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 7, 1913

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

FATHER		MOTHER	
FULL NAME	Joseph F. Quinn	FULL MAIDEN NAME	Nannie King
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee, M.D.

(Physician or midwife)

Address Buhl, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed 2-10-1913 J.H. Murphy

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Family Record, appears old and unaltered gives name as Vena Fannie Quinn - viewed by V.S. State of Oregon Certificate of Marriage, Dec. 22, 1930 gives brides name as Vena F. Quinn. - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Oregon
County of Columbia } ss.

Certificate No. 11782

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vera Fanny Quinn (Name on Original Certificate) who born (Was Born or Died) on Feb. 7, 1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Vera Fanny Quinn	Vena Fanny Quinn
Sex of Child	Male	Female

Subscribed and sworn to before me this 18 day of Apr, 1959.

Notary Public, residing at ~~NOTARY PUBLIC FOR OREGON~~
My commission expires ~~MY COMMISSION EXPIRES SEPT. 6, 1960~~
(Seal)

Signed Minnie E. Fanny Wooden
Elder Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Columbia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

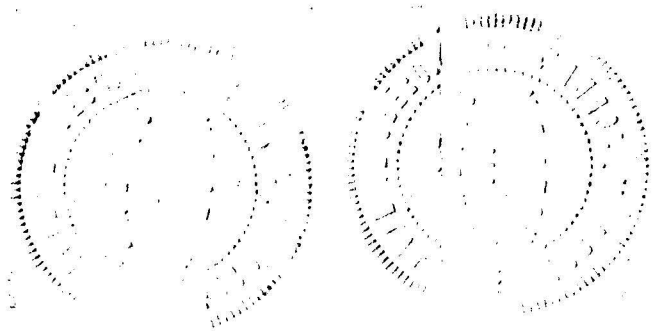
Subscribed and sworn to before me this 6 day of Apr, 1959.

Notary Public, residing at ~~NOTARY PUBLIC FOR OREGON~~
My commission expires ~~MY COMMISSION EXPIRES SEPT. 6, 1960~~
(Seal)

Signed Pearl Lora Quinn McAllister
(Signature of Any Credible Person)

Box #13 St. Helens, Ore.
(Street Address, City, State)

FORM DPH 55.155 CL 4-3-59. nm



Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 11782

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Luciano, Vera Fanny

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Feb 7 1913

FATHER		MOTHER	
FULL NAME	Joseph F Luciano	FULL MAIDEN NAME	Mamie Kling
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Oregon	COLOR	white
OCCUPATION	farmer	AGE AT LAST BIRTHDAY (Years)	27
		BIRTHPLACE	Va.
		OCCUPATION	housework

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellenberger M D

Buhl Ida. (Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-10 1913 J. F. Murphy Registrar

8-Y CO. 20174

APR 17 1953

JUN 24 1959

434-111-042-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls.

City of Buhl.

No. ..... St.

Hospital .....

Registration District No. 2087 File No. 11783

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Mac Donald

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Feb. 11 1913

FATHER		MOTHER	
FULL NAME	Chas. S. McDaniels	FULL MAIDEN NAME	Mary E. Davis
RESIDENCE	Buhl	RESIDENCE	Buhl
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	rancher	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee M.D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 2-15 1913 J. H. Kerr

Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

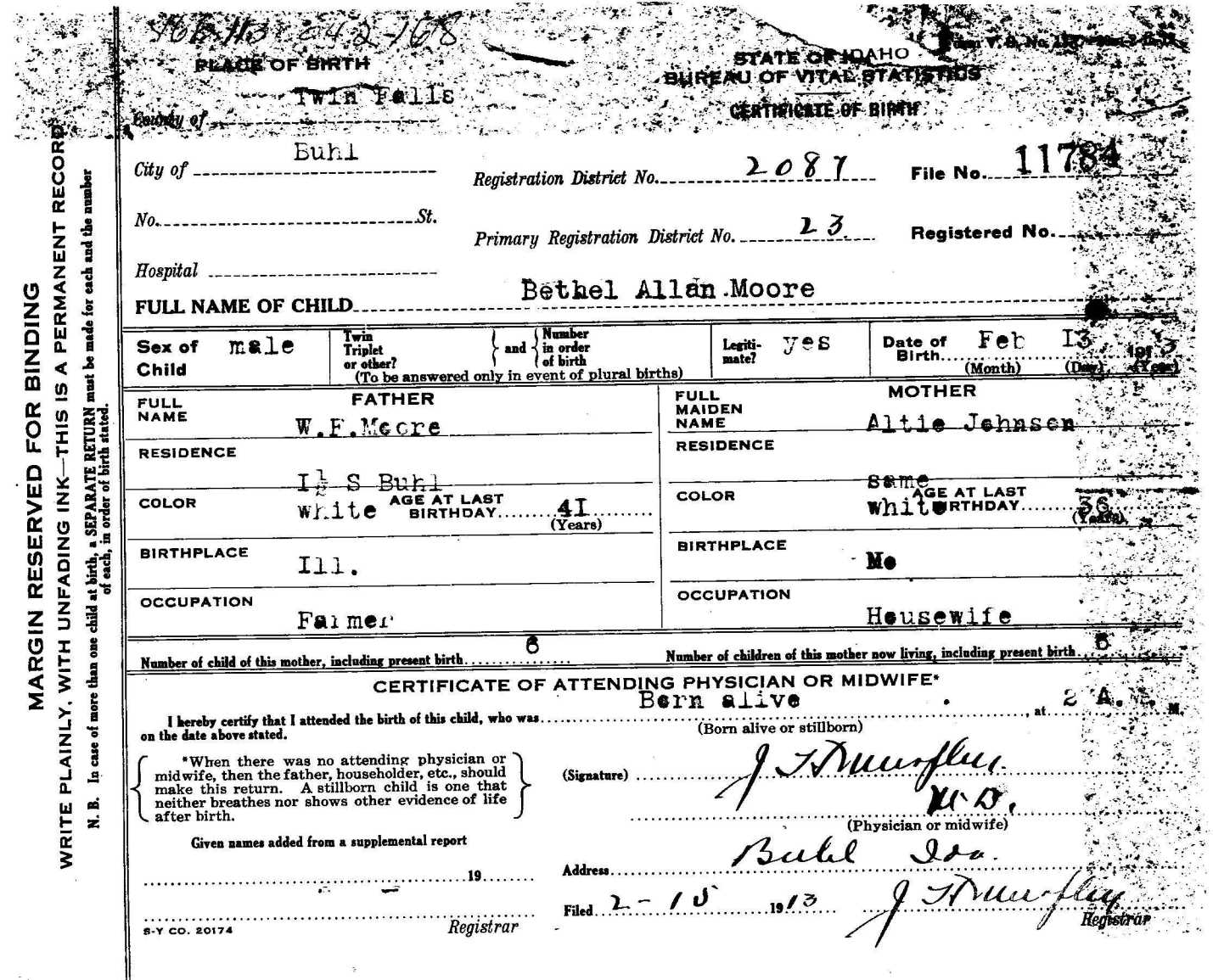
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH



Idaho 242-168

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 11784

Primary Registration District No. 23 Registered No.

FULL NAME OF CHILD Bethel Allan Moore

Sex of Child: male

Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth: Feb (Month) 13 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	W.F.Moore	FULL MAIDEN NAME	Altie Johnsen
RESIDENCE	1½ S Buhl	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 2 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Merrifield M.D. (Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 2-15 1913 J. T. Merrifield Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

RECEIVED
JUN 19 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Twin Falls }

Certificate No. 11784
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for W. F. Moore Jr. (Name on original certificate) who born (Was born or died) on Feb. 13, 1913 (Date of event)
in Buhl (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by Bible Record (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	W.F. Moore Jr.	Bethel Allan Moore

Subscribed and sworn to before me this 18
day of January, 19 41
Notary Public, residing at Buhl Idaho
My commission expires 3/12-1943
[SEAL]

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
RT 2 Buhl Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Twin Falls }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18
day of January, 19 41
Notary Public, residing at Buhl Idaho
My commission expires 3/12-1943
[SEAL]

Signed Mrs W. F. Moore
(Signature of any credible person other than the previous affiant)
RFD 2 Buhl Idaho
(Street Address, City, State)

Received for filing on by
(Registrar's signature)

213.124.042-344

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Registration District No. 2087 File No. 11785

Primary Registration District No. 28 Registered No. .....

FULL NAME OF CHILD Lawrence S. Kalbfleisch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes	Feb 27 1913

FATHER		MOTHER	
FULL NAME	Bernard K. Kalbfleisch	FULL MAIDEN NAME	Catherine Sullivan
RESIDENCE	Filer	RESIDENCE	Filer
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Kans.	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wellington

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

Filed 2-28 1913 J. Hollifield

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1972

142-110-042-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

No. ____ St.

Hospital ____

Registration District No. 1087 File No. 11786

Primary Registration District No. 23 Registered No. ____

FULL NAME OF CHILD Baby Ambres

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Feb 10 1913

FATHER		MOTHER	
FULL NAME	W. A. Ambres	FULL MAIDEN NAME	Clara Colgreve
RESIDENCE	Buhl	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Neb
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. A. Mumpley M. D.
(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

....19....

Filed 2-12 1913 J. A. Mumpley Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

COLOR	White
AGE AT LAST BIRTHDAY	30 (years)
RESIDENCE	Publ W.A.Ambros

143.218.C42-269

Amended 9-8-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11788
Local Reg. No.
Reg. Dist. No. 23

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Filer

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Filer

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Alice b. (Middle): c. (Last): Mullikin

4. SEX: Girl

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 18, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Rufus b. (Middle): c. (Last): Mullikin

8. AGE (At time of this birth): 24 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Tenn.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Katherine b. (Middle): c. (Last): Swick

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ohio

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. A. A. Newberry

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Filer

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 2-18-1913

22. REGISTRAR'S SIGNATURE: John F. Coughlin

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 11788

JAN 4 - 1965

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Unnamed Mulliken (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1913 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Alice Gertrude Mullikin
Father's Last Name	Rufus Mulliken	Rufus Mullikin
Mother's First Name	Kate Swick	Katherine Swick

Subscribed and sworn to before me this 29th day of October, 1964

Notary Public, residing at Twin Falls Ida
My commission expires Sept 15, 1965
(Seal)

Signed Katherine and Swick Mullikin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R+1, Twin Falls Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1964

Notary Public, residing at Twin Falls Idaho
My commission expires Sept 15, 1965
(Seal)

Signed Henry H Swick
(Signature of Any Credible Person)

236 Ramage, Twin Falls Ida
(Street Address, City, State)

FORM DH 60-155

CL 10-5-64. one copy pd. rec. #4972.

Own Child's Birth Cert. on file: (Idaho Birth) #284182 gives full maiden name of mother as Alice Gertrude Mullikin - viewed by V.S.

Statement from Robert E. Stobaugh, Clerical Assistant of Twin Falls Public Schools, Twin Falls, Idaho - dated Dec. 28, 1964 states "I affirm that the following information, taken from the school census report for school district No. 1, Twin Falls County, State of Idaho, is true as it appears on the school census report for the school year 1922-23. Alice Mullikin, birthdate, February 18, 1913, daughter of Rufus O. Mullikin and Katherine Mullikin." - viewed by V.S.

Another child's birth cert. on file: (Idaho Birth) #21742 gives full name of parents as Rufus Mullikin and Katherine Swick - viewed by V.S.

name of child added as Alice Mullikin 9-8-65. no documents submitted to add middle name -

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ____ St.

Hospital Not Named

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

Primary Registration District No. 2086

File No. 11788

Registered No. ____

FULL NAME OF CHILD Mullen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
G			Yes	Feb 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Rufus Mullen	FULL MAIDEN NAME	Kate Funck
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Penn	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. A. A. Newberry

(Physician or ~~midwife~~)

Address Filer

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 2-18 1913

John H Engleu
Registrar

S-Y CO. 20174

SEP 8 1965

415-210-042-219

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Filer

No. ..... St.

Hospital .....

Registration District No. 23 File No. 11789

Primary Registration District No. 2086 Registered No. .....

FULL NAME OF CHILD ~~Baby Davis~~ Esther Davis

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G.			Yes	Feb 10 1913

FATHER		MOTHER	
FULL NAME	Abram A Davis	FULL MAIDEN NAME	Lucu Barber
RESIDENCE	Filer Ida	RESIDENCE	Filer Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Ohio	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 6 a. M. on the date above stated.

(Signature) Dr. A A Newberry

(Physician or midwife)

Address Filer

Filed 2-10 1913 A A Newberry Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

K

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

Statement from Russell Hall, Principal of Filer High School, Filer, Idaho, statement written May 11, 1961 states "Our school records show that Esther Davis was born February 10, 1913 at Filer, Idaho." - viewed by V.S.

Federal Census Record, taken Jan. 1, 1920, Twin Falls County, Idaho gives full name as Esther Davis, age 6, born in Idaho to Abraham A. and Callie Davis - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 11789

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Davis (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 10, 1913 (Date of Event)
in Filer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Esther Davis

Subscribed and sworn to before me this 5th. day of January 1963

Jan O. Eastman
Notary Public, residing at Buhl, Idaho
My commission expires Feb. 4, 1965
(Seal)

Signed Glenn W. Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R # 1 Buhl Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th. day of January, 1963

Jan O. Eastman
Notary Public, residing at Buhl, Idaho
My commission expires February 4, 1965
(Seal)

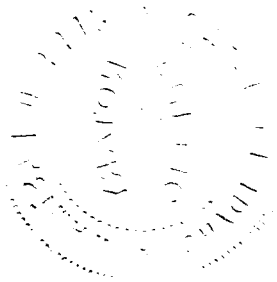
Signed Grover A. Davis
(Signature of Any Credible Person)
Filer Idaho
(Street Address, City, State)

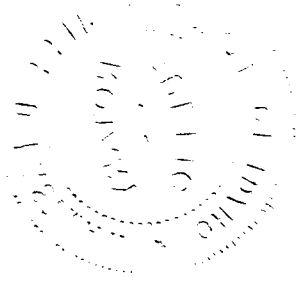
FORM DH 60-155

L 11-1-62. nm

APR 29 1963

JAN 2 1975





755-12-0412-864

PLACE OF BIRTH

County of Twin Falls

" "

City of

No. , St.

Hospital

STATE OF IDAHO

Form V. S. No. 11-C—Rev.-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11790

Primary Registration District No. 70 85 Registered No.

FULL NAME OF CHILD Gerald Lee Pinnock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		3	Yes	Feb. 20, 1913

FATHER		MOTHER	
FULL NAME	James Pinnock	FULL MAIDEN NAME	Fannie Young
RESIDENCE	T. Falls	RESIDENCE	T. Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Indiana	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 1.30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or ~~Midwife~~)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-1 1913 John H. Engle

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

10-31-41.

NOV 7 1975

SEP 17 1975

23-2241-42962

PLACE OF BIRTH

County of Twin Falls

City of ____

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23 File No. 11791

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Mildred Marie Blackburn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		5	Yes	Feb -24- 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Blackburn	Lamar Roberts
RESIDENCE	T. Falls	T. Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated, at 9 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or Midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-2 1913 John W. Eagleton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Twin Falls } ss.

Certificate No. 11791

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mildred Marie Blackburn (Name on Original Certificate) who was born (Was Born or Died) on Feb. 24, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	None Given	Mildred Marie Blackburn
Birth Date	Feb. 25, 1913	Feb. 24, 1913

Subscribed and sworn to before me this 7th
day of March, 1944.

Mabel Sandgren
Notary Public, residing at Buhl, Idaho

My commission expires Oct 19, 1946
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Fred Blackburn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAR 13 1944

493-24-042-714

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls, No. ____ St.

Hospital Twin Falls

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23

File No. 11792

Primary Registration District No. 2085

Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		1	yes	Feb 14 1913

FATHER		MOTHER	
FULL NAME	Homer C Mills	FULL MAIDEN NAME	Foy Gamble
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Neb
OCCUPATION	Lawyer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Foy M. D.
(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-18 1913 John A Creighton
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 19 1969

867-115-042-462

Amended 5-13-64 (Be sure the information is complete and accurate)

State File No. 11793

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

Local Reg. No.

Reg. Dist. No. 23

1. PLACE OF BIRTH

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print) a. (First): Woodrow b. (Middle): Wilson c. (Last): Hopkins

4. SEX: M.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) Feb. (Day) 15, (Year) 1913

FATHER OF CHILD

7. FULL NAME a. (First): James b. (Middle): J c. (Last): Hopkins

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 36 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Mo.

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ella b. (Middle): c. (Last): Robertson

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Mo.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: T. O. Boyd, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Twin Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 2-18-1913

20. REGISTRAR'S SIGNATURE: John H. Coughlin

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physic or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this arti with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person char with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of MISSOURI }
County of Wright } ss.

RECEIVED
APR 15 1964
Bureau of Vital Statistics

Certificate No. 793

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on Feb. 14, 1913 (Date of Event)
in Kimberley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by insurance policy (Bible Record, Insurance Policy, Etc.) prepared on May 25th, 1939 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Woodrow Wilson Hopkins
birthdate	Feb. 14, 1913	Feb. 15, 1913

Subscribed and sworn to before me this 1st day of April, 19 64

Della Dearing

Notary Public, residing at Mtn. Grove, Mo.

My commission expires August 15, 1967
(Seal)

Signed Alice Thomas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 5 Mountain Grove, Mo.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of MISSOURI }
County of Wright } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of April, 19 64

Della Dearing

Notary Public, residing at Mountain Grove, Mo.

My commission expires August 15, 1967
(Seal)

Signed Erla M. Hopkins
(Signature of Any Credible Person Other Than Previous Year)

650 W. First
(Street Address, City, State)

Mountain Grove, Mo.

1 copy pd. (50¢) Feb. 10, 1942 - rec. #40278.

Social Security Card, dated 7-26-1937 gives full name as Woodrow Wilson Hopkins, #544-01-3181 - viewed by V.S.

Application for Beneficiary Membership in the Independent Order of Foresters, dated Jan. 13, 1957 gives full name of insured as Woodrow Wilson Hopkins, age 44, born Feb. 15, 1913 at Kimberly, Idaho - viewed by V.S.

Application to Pacific Mutal Life Insurance Co., dated Jan. 25, 1946 gives full name of Insured as Woodrow Wilson Hopkins, age 33, born Feb. 15, 1913 in Idaho - viewed by V.S.

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11793

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		4	yes	Feb 14 1913

FATHER		MOTHER	
FULL NAME	James J Hopkins	FULL MAIDEN NAME	Ella Robertson
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 P. M. on the date above stated.

(Signature) J. H. Bryden M.D.

(Physician or midwife)

Address Twin Falls Idaho

Filed 2-18 1913 John W. Hughes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20174

MAY 14 1964

389-125-042-849

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

Registration District No 23 File No. 11794

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Christofferson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No		Yes	2 25 1913

FATHER		MOTHER	
FULL NAME	Ed Christofferson	FULL MAIDEN NAME	Bessie Quigley
RESIDENCE	Buhl Ida.	RESIDENCE	Buhl, Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	California	BIRTHPLACE	Washington
OCCUPATION	Ranchman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. G. Pike

Physician

(Physician or Midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed 3-1 1913 John W. Coughlin

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAR 17 1970

249-068-042-893

PLACE OF BIRTH

County of Twin Falls

City of "

No. 730 3d Ave. W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11795

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Ethel Virginia Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 9 1913

FATHER		MOTHER	
FULL NAME	Paul L. Smith	FULL MAIDEN NAME	Martha E. Hite
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4.00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....Registrar

Filed 2-15 1913 John H. Coughlan Registrar

6-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 21 1957

JUN 13 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUL 11 12 10 PM '73

State of ..... } ss.
County of ..... }

Certificate No. 11795

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Smith(Female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 9, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Ethel Virginia Smith

Subscribed and sworn to before me this 25th day of June, 1973

Lorraine Stafford

Notary Public, residing at Kimberly, Idaho

My commission expires June 15, 1976

(Seal)

Signed Martha Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of July, 1973

M. L. Dietrich

Notary Public, residing at Twin Falls, Idaho

My commission expires June 24, 1974

(Seal)

Signed Harold A. Hoke
(Signature of Any Credible Person)

430 Center St E Kimberly Idaho 83341
(Street Address, City, State)

FORM DH 60-155 CL 6/13/73

Family Bible Record gives name as Ethel Virginia Olive Smith, born ~~&~~ Feb 9. ~~xox~~ 1913. Viewed bvy V. S

AUG 9 1973

Notice of Taxes Due, Twin Falls County, Idaho No. 4643 gives name as Ethel Virginia Martin. For the year of 1954. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

299-015-042-319

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 501 4th Ave W St.

Hospital

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 11796

Primary Registration District No. 7085 Registered No.

FULL NAME OF CHILD Stella Bridwell

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)			Yes	Feb. 15 1913

FATHER		MOTHER	
FULL NAME	Wm. Bridwell	FULL MAIDEN NAME	Maude Larson
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	Colorado
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Wilson

Physician
(Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 2-20 1913 John W. Coughlin
Registrar

S-Y CO. 20175

AUG 21 1964

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

831-207-042-485

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 23 File No. 11797

No. ..... St.

Primary Registration District No. 2085. Registered No. .....

Hospital Twin Falls

FULL NAME OF CHILD Mary Elizabeth Blackstone

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 7 1913

FATHER		MOTHER	
FULL NAME	Oliver Blackstone	FULL MAIDEN NAME	Inez Dyer
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Yakima, Wash
OCCUPATION	Night Clerk at Perrine	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho.

Given names added from a supplemental report

..... 19.....

Filed 7-13 19 13 J. Elmer Bingham Registrar

..... Registrar

8-Y CO. 20175

NOV 15 1850

556-107-042-296

PLACE OF BIRTH

Form V. S. No. 11~~-10m-8-15-12~~

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. 360 3d av. N St.

Registration District No. 23 File No. 11798

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Harold Richard Newmann

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb. 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Christian Newmann	Hattie Brown
RESIDENCE	Kimberly. Ida	Kimberly. Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	19
BIRTHPLACE	Denmark	Colorado
OCCUPATION	Painter	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson

Physician (Physician or midwife)

Address Twin Falls - Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-12 1913 John H Creighton Registrar

5-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

466.103.042-864

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 402 Indiana St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11799

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD RAY EDGAR MOON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 2 1913

FATHER		MOTHER	
FULL NAME	Edgar A. Moon	FULL MAIDEN NAME	Helen Young
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Indiana	BIRTHPLACE	Kansas
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. H. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 2-10 19 13 John W. Eagleson
Registrar

S-Y CO 20175

MAR 6 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Twin Falls } ss.

Certificate No. 11799

Date Filed APR 8 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed (Name on Original Certificate) who Was born (Was Born or Died) on February 3, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on about Feb 6th, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Ray Edgar Moon

Subscribed and sworn to before me this 2nd day of April, 1942

Notary Public, residing at Twin Falls, Idaho

My commission expires July 8-1942
(Seal)

Signed E. A. Moon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

165 Taylor Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of April, 1942

Notary Public, residing at Twin Falls Idaho

My commission expires July 8-1942.
(Seal)

Signed Helen Moon
(Signature of Any Credible Person Other Than Previous Year)

165 Taylor Twin Falls Ida
(Street Address, City, State)

APR 9 1942

Form V. S. No. 12—10m-9-15-12

CERTIFICATE OF BIRTH

17-042-1634

Twin Falls

CERTIFICATE OF LIVE BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of _____ Registration District No. 23 File No. 11800

No. _____ St. Primary Registration District No. 2085 Registered No. _____

Hospital _____

FULL NAME OF CHILD Charles Harvey Coiner

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	2	yes	Feb. 17 1913

FATHER		MOTHER	
FULL NAME	Chas W. Coiner	FULL MAIDEN NAME	Sarah E. Olds
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10.10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hw. Conchek, Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-20 1913 John H. Engleken Registrar

S-Y CO. 20175

4/7/41 L. B.

PLAC
County of

STATE OF
BUREAU OF VITAL STATIST
CERTIFICATE OF BIRTH

A F F I D A V I T.

STATE OF IDAHO,)
) SS.
COUNTY OF TWIN FALLS,)

RE: DATE OF BIRTH OF CHARLES HARVEY COINER AND GEORGE HENRY COINER.

CHARLES W. COINER and SARAH E. COINER, being first duly severally sworn, depose and say:

That they are the father and mother respectively of the above named Charles Harvey Coiner and George Henry Coiner the dates of whose birth have been recorded in the Department of Public Health of the State of Idaho at Boise, Idaho.

That the said Charles Harvey Coiner and George Henry Coiner were born on February 17, 1913 at Twin Falls, Idaho.

That by mistake and inadvertance the dates of birth of said persons was reported to said State Department of Public Health as February 16, 1913 and there recorded as February 16, 1913. That the records regarding the births of said persons in the State Department of Public Health at Boise, Idaho, are erroneous and incorrect for the reason that said persons were not born on February 16, 1913 but on February 17, 1913 and said mistakes should be corrected to conform with the facts as hereinabove stated.

FEB 5 1976

This Affidavit is made by Affiants for the purpose of having the above named State Department of Public Health correct its records so as to show that the said Charles Harvey Coiner and George Henry Coiner were born on February 17, 1913.

Charles W. Coiner

Sarah E. Coiner

SUBSCRIBED and SWORN to before me this 21st day of May, 1941.

Frank L. Stephan
Notary Public for Idaho,
Residing at Twin Falls, Idaho.

My Commission expires
May 15, 1945.

369-117-042-634

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ____ St.

Hospital ____

Registration District No. 23 File No. 11801

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Henry George Coiner

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	Twin (To be answered only in event of plural births)	1	Yes	Feb 17 1913

FATHER		MOTHER	
FULL NAME	Chas W. Coiner	FULL MAIDEN NAME	Sarah E. Olds
RESIDENCE	Hansen, Idaho	RESIDENCE	Hansen, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Iowa	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. H. Goodrich

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-20 1913 Joseph H. Eagles Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

4/7/41 L. B.

A F F I D A V I T.

STATE OF IDAHO,)
) SS.
COUNTY OF TWIN FALLS,)

RE: DATE OF BIRTH OF CHARLES HARVEY COINER AND GEORGE HENRY COINER.

CHARLES W. COINER and SARAH E. COINER, being first duly severally sworn, depose and say:

That they are the father and mother respectively of the above named Charles Harvey Coiner and George Henry Coiner the dates of whose birth have been recorded in the Department of Public Health of the State of Idaho at Boise, Idaho.

That the said Charles Harvey Coiner and George Henry Coiner were born on February 17, 1913 at Twin Falls, Idaho.

That by mistake and inadvertance the dates of birth of said persons was reported to said State Department of Public Health as February 16, 1913 and there recorded as February 16, 1913. That the records regarding the births of said persons in the State Department of Public Health at Boise, Idaho, are erroneous and incorrect for the reason that said persons were not born on February 16, 1913 but on February 17, 1913 and said mistakes should be corrected to conform with the facts as hereinabove stated.

This Affidavit is made by Affiants for the purpose of having the above named State Department of Public Health correct its records so as to show that the said Charles Harvey Coiner and George Henry Coiner were born on February 17, 1913.

Charles W Coiner

Sarah E. Coiner

SUBSCRIBED and SWORN to before me this 21st day of May, 1941.

Frank L. Stephan
Notary Public for Idaho,
Residing at Twin Falls, Idaho.

My Commission expires
May 15, 1945.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

255-116042-749

PLACE OF BIRTH

Form V. S. No. 11—10m-8-16-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

Registration District No. 2 3

File No. 11802

No. ..... St.

Primary Registration District No. 2085

Registered No. .....

Hospital Twin Falls

FULL NAME OF CHILD PATRICK Patsy Bercaw

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 16 1932

FATHER		MOTHER	
FULL NAME	Edward Bercaw	FULL MAIDEN NAME	Madge Guilfoil
RESIDENCE	Twin Falls, Ida	RESIDENCE	Twin Falls, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Illinois
OCCUPATION	Mining	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-20 19 13 John H. Dugleby

Registrar

..... Registrar

S-Y CO. 20175

PLACE OF BIRTH

(County of)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }ss.
County of Alameda

Certificate No. 11802

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Patey Benane (Name on Original Certificate) who Born (Was Born or Died) on Feb. 16th 1918. (Date of Event)
in Twin Falls Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parents Knowledge (Bible Record, Insurance Policy, Etc.) prepared on ....., (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Patsy	Patrick Benane

Subscribed and sworn to before me this 29th day of July, 1942

Jas. E. McGee
Oakland Calif.

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Madge E. Benane
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }ss.
County of Alameda

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of July, 1942

Jas. E. McGee
Oakland Calif.

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mrs. E. Thelma Macaulay
(Signature of Any Credible Person Other Than Previous Year)

4348 Broadway Apt 203
(Street Address, City, State)

Manager

JUL 31 1942

759-225-042-231

PLACE OF BIRTH

County of Twin Falls

City of " "

No. ____ St.

Hospital Twin Falls

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 11803

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD Laura F. Person

Sex of Child Female | Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births) | Legitimate? yes | Date of Birth July 25 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Eugene Person	FULL MAIDEN NAME Claud Stalland
RESIDENCE Jerome, Idaho	RESIDENCE Jerome Idaho
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
COLOR white	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Washington	BIRTHPLACE Kentucky
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

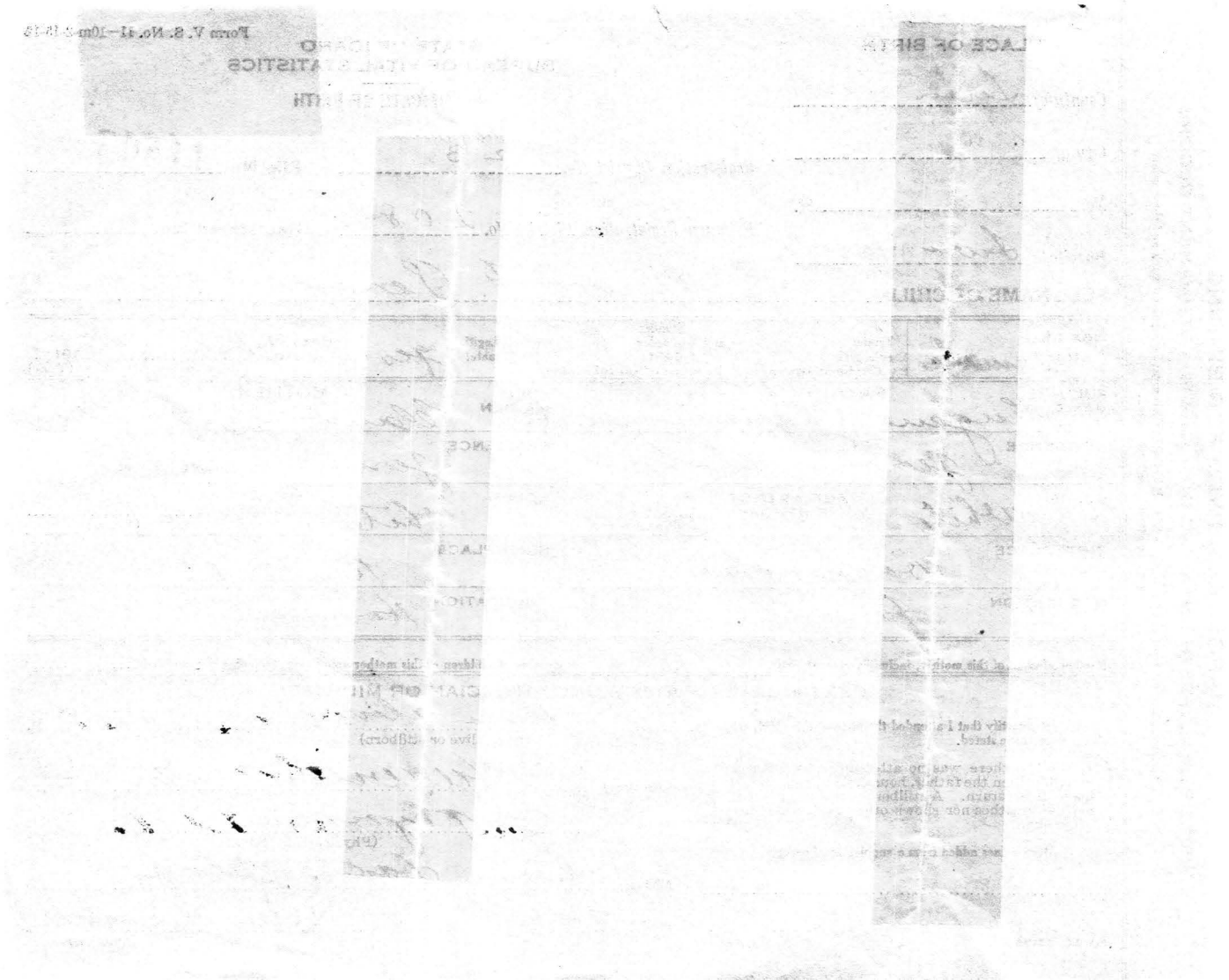
Filed 3—1 1913 John H. Douglas Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



669-125-042-547

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of " "

No. ____ St.

Hospital Twin Falls.

Registration District No. 2 3

Primary Registration District No. 2085

File No. 11804

Registered No. ____

FULL NAME OF CHILD Robert R. Worrell

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	(To be answered only in event of plural births)			yes	Feb 25 1913

FATHER		MOTHER	
FULL NAME	Wylie R. Worrell	FULL MAIDEN NAME	May Edgar
RESIDENCE	Twin Falls, Idaho	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Virginia	BIRTHPLACE	Iowa
OCCUPATION	Musician	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H W Wilson MD

Physician

(Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 3-1 1913 John W. Douglas

..... Registrar

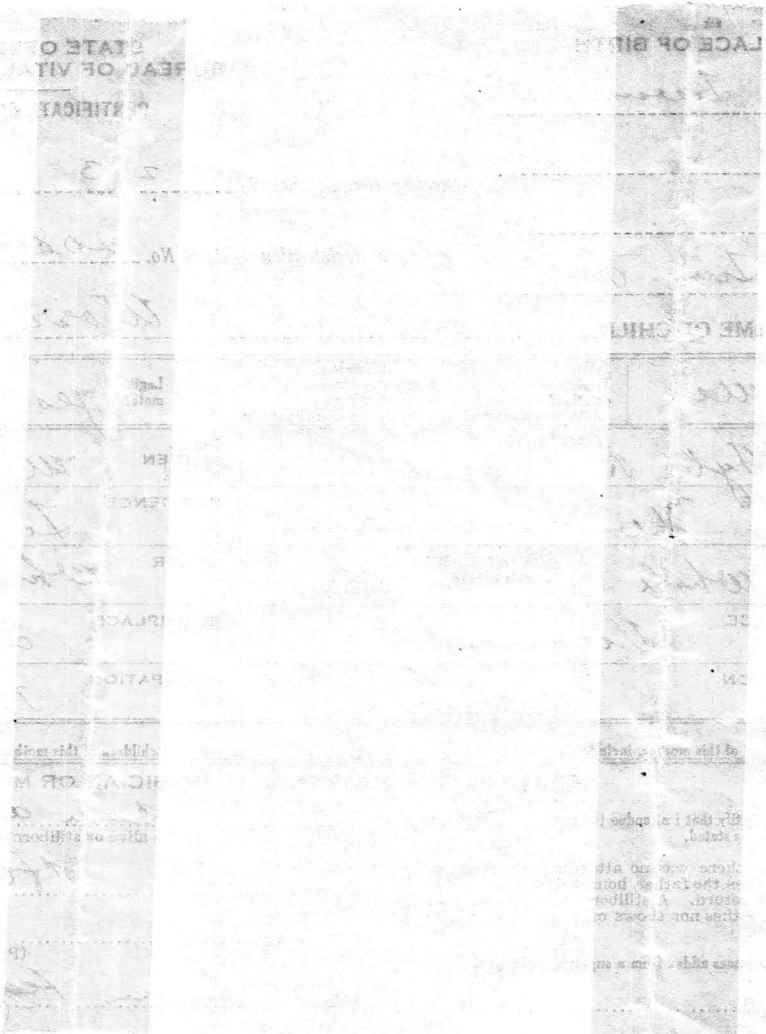
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



469-10-10-42-65-5

Form V. S. No. 15O—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 520 - 5th ave N. St.

Registration District No. 2 3 File No. 11805

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD Jack Cummings Dwight

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	[redacted] 3-1 (Month) (Day) 191[redacted]3 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willis H Dwight	Irene Over
RESIDENCE	520 - Fifth ave N.	520 - 5th ave N.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	40
BIRTHPLACE	Rockford Ill.	Ogle Co Ill.
OCCUPATION	D. D. S.	House wife.

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Hartman Sr

Physician

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

.....19.....

Filed 3-12 19 10 Johnston Bugher

.....Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. U.S.—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

466-12/1042-858

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 236-7th Ave E. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 11806

Primary Registration District No. 21 25 Registered No.

FULL NAME OF CHILD Moore

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	—	yes	Dec 21 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George D. Moore	FULL MAIDEN NAME	Mary Hayman
RESIDENCE	236-7th ave E.	RESIDENCE	236-7th ave E.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	48	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Huron Co Ohio	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth: Third

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

Physician

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3-12 19 13 John W Coughlan
Registrar

8-Y CO. 20174

MAY 27 1968

Page 2160 No. 279

[redacted]

County of Twin Falls

City of Twin Falls

Registration District No. 23 File No. 11807

No. 555-3 ave E St.

Primary Registration District No. 2085 Registered No.

Hospital

FULL NAME OF CHILD ✓ LOLA MARTHA Prothero

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	yes	2 16 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur L. Prothero	Martha Kanneghy
RESIDENCE	555-3 ave E Twin Falls	555-3 ave E Twin Falls
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	26	26
BIRTHPLACE	Wis.	Germany
OCCUPATION	Machinists	Housewife

Number of child of this mother, including present birth. first

Number of children of this mother now living, including present birth. one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Heyamson

Physician

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-12 1913 John W. Dugdale Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of King }

Certificate No. 1807

FEB [illegible] 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Lola Martha Prothero (NAME ON ORIGINAL CERTIFICATE) was born (WAS BORN OR DIED) on 2-16-1913 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Prothero	Lola Martha Prothero

Subscribed and sworn to before me this 20th day of January, 1943.

L. M. Prothero

Notary Public, residing at Seattle Wash

My commission expires 1/15/43.

(SEAL)

Signed X Arthur L. Prothero (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of King }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1943.

L. M. Prothero

Notary Public, residing at Seattle

My commission expires 1/15/43.

(SEAL)

Signed Mrs. A.R. Tyson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1616 - 22nd Ave., No.
(STREET ADDRESS, CITY, STATE)
Seattle, Wn.

Received for filing on FEB 2 1943 By .....
(REGISTRAR'S SIGNATURE)

FEB 11 1942

695-128-042-585

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 10th Ave E X Blue Lakes St.

Registration District No. 7 3 File No. 11808

Primary Registration District No. 2085 Registered No.

Hospital —

FULL NAME OF CHILD John Jay Winger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Feb 28 1913

	FATHER	MOTHER
FULL NAME	Harry Winger	FULL MAIDEN NAME Martha Eyer
RESIDENCE	10th Ave E & Blue Lake Twin Falls Ida	RESIDENCE Twin Falls Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE York Co Pa
OCCUPATION	Bell Man	OCCUPATION House Wife

Number of child of this mother, including present birth Fifth

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician

(Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

....., 19.....

Filed 3-12 1913 J. Lewis Douglass

Registrar

.....

Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

249-10-1042-361

Form V. S. No. 13-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Kimberly

Registration District No. 23 File No. 11810

No. ____ St.

Primary Registration District No. 2084 Registered No. ____

Hospital Meriptz

FULL NAME OF CHILD Donald Burkhalter

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	1	Yes	Feb. 1 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Carl Burkhalter	FULL MAIDEN NAME: Ethel Coale
RESIDENCE: Kimberly	RESIDENCE: Kimberly
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: At Wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J. Whyte

(Physician ~~or midwife~~)

Address Kimberly Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-28 1913 John W. Douglass

Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1/16/41 L. B.

NOV 1 2 1976

Amended 4-26-62

(Be sure the information is complete and accurate)

State File No. 11811
Local Reg. No.
Reg. Dist. No. 23

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Frances
b. (Middle): Ruth
c. (Last): Bacon

4. SEX: F.

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): February 8, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle): James
c. (Last): Bacon

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Hartford, Kansas

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lenora
b. (Middle): Willa
c. (Last): Eden

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Hamlin, West Virginia

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
0	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: John F. Coughlin

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Twin Falls, Idaho

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 2-1-1913

20. REGISTRAR'S SIGNATURE: John F. Coughlin

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occ red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cert cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, a upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11811

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bacon (female child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 1, 1913 (Date of Event)

in Twin Falls County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Frances Ruth Bacon
Child's Place of Birth	Not Given	Murtaugh, Idaho
Child's Date of Birth	Feb. 1, 1913	February 8, 1913
Full Name of Father	Fred Bacon	~~Fred James Bacon~~

Subscribed and sworn to before me this 23rd day of April, 1962

K. C. Thenebergen

Notary Public, residing at Twin Falls, Idaho

My commission expires Jan 4, 1966

(Seal)

Signed Lenora Willa Bacon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

247 - 9th Ave No Twin Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of April, 1962

K. C. Thenebergen

Notary Public, residing at Twin Falls, Idaho

My commission expires Jan 4, 1966

(Seal)

Signed Isaac J. Rambo
(Signature of Any Credible Person)

RFD Hansen, Idaho
(Street Address, City, State)

FORM DH 60-155 L 4-4-62.

Baptism Certificate gives name as Frances Ruth Bacon, fathers name as Fred James Bacon, mothers name as Willa Lenora Eden, date of birth as February 8, 1913, place of birth as Murtaugh, Idaho. Dated May 8, 1921. Viewed by V.S.

Fathers birth certificate gives name as Fred James Bacon, Place of birth as Hartford, Lyons, Kansas, date of birth as October 17, 1884. Dated April 6, 1921. Viewed by V.S.

Temple Recommend gives name as Frances Ruth Bacon, father as Fred James Bacon, Mother as Lenora Willa Eden, place of birth as Murtaugh, Idaho, date of birth as February 8, 1913. Dated July 23, 1924 Viewed by V.S.

Bible Record gives mothers name as Lenora Willa Eden and fathers name as Fred James Bacon. Childs name as Frances Ruth Bacon and date of birth as February 8, 1913. Place of birth as Murtaugh, Idaho. Viewed by V.S. Obviously old.

Certificate of membership gives mothers name as Willie Lenora Eden born September 26, 1886 in Hamlin, Lincoln Co. West Virginia. Dated May 1, 1921. Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11811

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Bacon (female child) who was born on Feb. 1, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Twin Falls County, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by ..... prepared on ..... , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's Birthplace	Kansas	Hartford, Kansas
Mother's Full Maiden Name	Carrie Eden	Lenora Willa Eden
Mother's Birthplace	Kentucky	Hamlin, West Virginia
Father's Age	29	28 - Oct. 17, 1884
Mother's age	22	26 - Sept. 26, 1886

Subscribed and sworn to before me this 23rd day of April, 1962.

L. O. Skenekeyen
Notary Public, residing at Twin Falls, Idaho
My commission expires Jan 4, 1966
(Seal)

Signed Grace J. Rambo
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
R F D Hansen, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of April, 1962.

L. O. Skenekeyen
Notary Public, residing at Twin Falls, Idaho
My commission expires Jan 4, 1966
(Seal)

Signed Lenora W. Bacon
(Signature of Any Credible Person)
247 - 9th Ave E Twin Falls, Idaho
(Street Address, City, State)

FORM DH 60-155 L 4-4-62.

Certificate of Ordination in Priesthood of the L.D.S. Church gives fathers name as Fred James Bacon. Birthdate October 17, 1884 and birthplace as Hartford, Kansas. Viewed by V.S.
Dated July 17, 1922.

Bible Record gives mothers name as Lenora Willa and date of birth as September 26, 1886. Dated obviously old. Viewed By V.S. It also gives her birthplace as Hamlin, West Virginia.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 11811

Primary Registration District No. 2082. Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes.	Feb 1 1913

FATHER		MOTHER	
FULL NAME	Fred Bacon	FULL MAIDEN NAME	Carrie Eden
RESIDENCE	Murtaugh	RESIDENCE	Murtaugh
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	29.	AGE AT LAST BIRTHDAY (Years)	22.
BIRTHPLACE	Kansas	BIRTHPLACE	Kentucky
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John P. Coughlin

(Physician ~~or midwife~~)

Address Twin Falls.

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 2-1 19 13 John P. Coughlin Registrar

8-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

APR 27 1962

[redacted] 248-17-040-636

[redacted] OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Avery

Registration District No 75 File No. 11812

No ____, ____ St.

Primary Registration District No. 710 Registered No. ____

Hospital ____

FULL NAME OF CHILD Frederick Wm Kuhlman Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			Yes	July 17th 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Frederick Wm Kuhlman	FULL MAIDEN NAME: Mary E. Petfloor.
RESIDENCE: Avery	RESIDENCE: Avery Idaho
COLOR: White	COLOR: White.
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Youngstown Ohio	BIRTHPLACE: Youngstown, Ohio
OCCUPATION: Manager retail merchdse store	OCCUPATION

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1255 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. F. Smith M.D.

Physician (Physician or Midwife)

Address Avery, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 20 19 13 Dr. Chas. L. Dillman Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issued October 29, 1940. E.W.

MAY 21 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5334 10716 40-433

PLACE OF BIRTH

County of Shoshone

City of Mace

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 35 File No. 11813

Primary Registration District No. 2104 Registered No. .....

FULL NAME OF CHILD Fay Howard Ellis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	2 9 1913

FATHER		MOTHER	
FULL NAME	Ray Clifford Ellis	FULL MAIDEN NAME	Anna Ida McCusker
RESIDENCE	Mace	RESIDENCE	Mace
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Mich	BIRTHPLACE	South Dakota
OCCUPATION	miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P.M. on the date above stated.

(Signature) R. C. Ellis (Father)

(Physician or Midwife)

Address .....

Filed March 15 1913 Dr. Chas. C. Gittemeau Registrar

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

S-Y CO., 16669

Sent in by Father

APR 1 1942

963.105.640-753

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Burke

Registration District No. 75 File No. 11814

No. ____, ____ St.

Primary Registration District No. 2109 Registered No. ____

Hospital ____

FULL NAME OF CHILD Stanley Cornelius Rolfsness

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
M	one	1	Y	Feb (Month) 5 (Day) 1913 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel Rolfsness	Karoline Petersen
RESIDENCE	Burke	Burke
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	34
BIRTHPLACE	Norway	Norway
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dittman

(Physician or Midwife)

Address Burke Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 10 19 13 Dr. Chas. A. Dittman

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12/13/40 L. B.

636-215-040-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 11815

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD Floren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feby 15 1913

FATHER		MOTHER	
FULL NAME	Carl Floren	FULL MAIDEN NAME	Hilma Miller
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Miner	OCCUPATION	Hw

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean

Physician

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Feb 20 1913 D. Chas. L. Witman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

613/1161 c 40 538

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 75 File No. 11816

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Paul Lewis Waller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	January 16 1913

FATHER		MOTHER	
FULL NAME	Lewis Waller	FULL MAIDEN NAME	Hannah Etherton
RESIDENCE	Wardner, Ida.	RESIDENCE	Wardner, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. W. Cracken M. D.

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

Filed March 1 1913 Wm. A. Rittman Registrar

..... Registrar

5-Y CO. 20174

NOV 29 1941

61 9-22 11 64C-755

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Wardner

Registration District No. 75 File No. 11817

No. ____ St.

Primary Registration District No. 2106 Registered No. ____

Hospital ____

FULL NAME OF CHILD Sarah Margaret Faire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes.	Jan. 21 1913

FATHER	MOTHER
FULL NAME: Frank Leroy Faire	FULL MAIDEN NAME: Minnie Mabel Gehret
RESIDENCE: Wardner, Ida.	RESIDENCE: Wardner.
COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: So. Dakota	BIRTHPLACE: Missouri
OCCUPATION: Miner	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCrackin M. D.

(Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

....., 19.....

Filed March 1 1913 Dr. Chas. C. Wrenn

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 9 1944

DECEASED

395-210-240-859

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Registration District No. 75 File No. 11818

Primary Registration District No. 2105 Registered No. .....

Hospital .....

FULL NAME OF CHILD Ida Gunhild Lien

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Lien	Inga Iversen
RESIDENCE	Kellogg, Idaho	Kellogg Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	26
BIRTHPLACE	Norway	Norway
OCCUPATION	Miner	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex D. McCracken M.D.

(Physician or midwife)

Address Kellogg Ida.

Given names added from a supplemental report

..... 19.....

Filed March 25 19 13 Dr. Chas. L. Pettyman

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 23 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-118-240-163

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital ——

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 11819

Primary Registration District No. 2105 Registered No. ——

FULL NAME OF CHILD ——— Carleon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	\	\	Yes.	Jan. (Month) 18 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Carl Carlson	Matilda Johnson
RESIDENCE	Kellogg. Idaho.	Kellogg. Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	23 (Years)
BIRTHPLACE	Norway	Sweden
OCCUPATION	Miner	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. Du Crachen M.D.

(Physician or midwife)

Address Kellogg Idaho

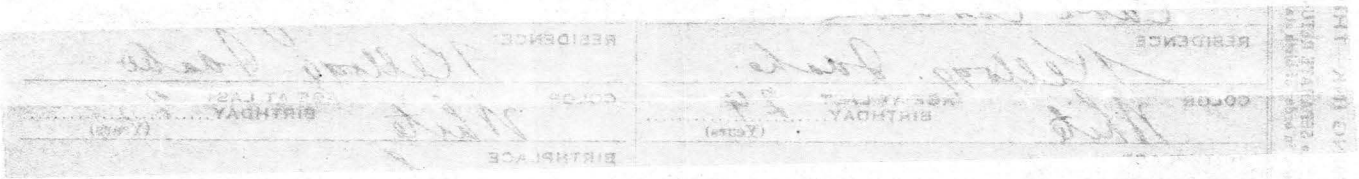
Filed March 1 1913 Dr. Chas. A. Wittman Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

29-28-040-45

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25

File No. 11821

Primary Registration District No. 2105

Registered No. .....

FULL NAME OF CHILD Reino Walfred Lipponaki

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes.	Jan. 28 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Jno. Lipponaki	FULL MAIDEN NAME	Fiina Juuttala
RESIDENCE	Kellogg, Ida.	RESIDENCE	Kellogg, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Finland	COLOR	White
OCCUPATION	Miner.	AGE AT LAST BIRTHDAY (Years)	20
		BIRTHPLACE	Finland.
		OCCUPATION	House-wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alex. D. McCracken

M. D. (Physician or midwife)

Address Kellogg Idaho

Given names added from a supplemental report

..... 19.....

Filed March 1 1913 Dr. Charles Hitchman

..... Registrar

Registrar

S-Y CO. 20174

Depof 1913-302927

566-22-6040-342

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 11822

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Mary Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3rd	Yes	February 16, 1913

FATHER		MOTHER	
FULL NAME	Peter Cook	FULL MAIDEN NAME	Annie Lukesich
RESIDENCE	Kellogg	RESIDENCE	Kellogg
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Austria	BIRTHPLACE	Austria
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) George S. Loher

Physician

(Physician or midwife)

Address Kellogg, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 2 1913 Dr. Chas. A. Ottman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mace

Registration District No. 25 File No. 11823

No. ____, ____ St.

Primary Registration District No. 2109 Registered No. ____

Hospital ____

FULL NAME OF CHILD Ethel Geraldine Nase

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	one	and	Y	Jan 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lorenzo Nase	Luna Bryant
RESIDENCE	Mace	Mace
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Ark	Missouri
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. C. Pettman

(Physician or Midwife)

Address Burke Idaho

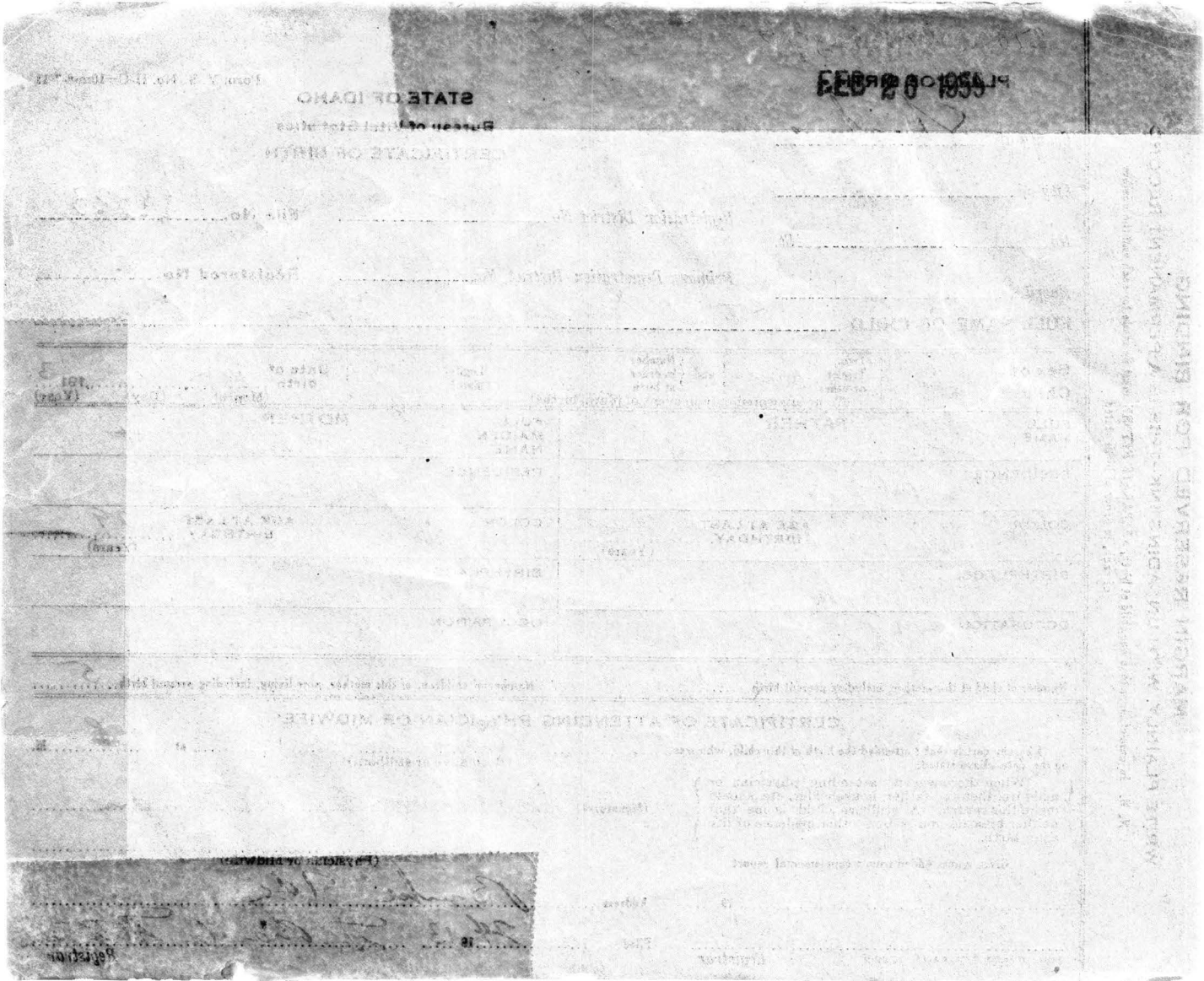
Filed Jan 24 1913 Dr. Chas. C. Pettman Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



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MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Burke

No ——, —— St.

Hospital ——

ST[redacted] OF IDAHO

Bureau [redacted]al Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 11824

Primary Registration District No. 2109 Registered No.

FULL NAME OF CHILD Genevieve Constance Lane

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
F	One (To be answered only in event of plural births)	and	Y	Jan (Month) 1 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Lane	Ethel Grow
RESIDENCE	Burke	Burke
COLOR	W	W
AGE AT LAST BIRTHDAY	30 (Years)	28 (Years)
BIRTHPLACE	Tennessee	Tennessee
OCCUPATION	Cook	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Chas. A. Dettman (Physician or Midwife)

Address Burke Ida

Filed Jan 5 1913 Dr. Chas. A. Dettman Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 29 19[illegible]

NOV 28 1975

DIED 93-90054

331-217-240-253

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. —, St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 25

File No. 11825

Primary Registration District No. 2109

Registered No.

FULL NAME OF CHILD Nellie Clark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	one	4th	yes	Jan 17, 1913

FATHER		MOTHER	
FULL NAME	Wm A. Clark	FULL MAIDEN NAME	Beatrice Welsh
RESIDENCE	Kellogg Ida	RESIDENCE	Kellogg Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	England	BIRTHPLACE	England
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Filed Feb 2 19 13 Dr. Chas. A. Wittman

Registrar

Given name added from a supplemental report

....., 19.....

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

413-22 8-040413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 11826

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD Mac Leod

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 28 1913

FATHER	MOTHER
FULL NAME: John Kennett MacLeod	FULL MAIDEN NAME: Cassie MacLeod
RESIDENCE: Mullan	RESIDENCE: Mullan
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ontario	BIRTHPLACE: Ontario
OCCUPATION: Miner	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn), at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Dean

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 8 19 13 Dr. Chas. A. Pittman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

16-213-00-542

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

Registration District No. 25

File No. 11827

No. ____ St.

Primary Registration District No. 2108

Registered No. ____

Hospital ____

FULL NAME OF CHILD Belva Morris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan. 13 1913

FATHER

FULL NAME: John William Morris

RESIDENCE: Mullan

COLOR: white

AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Bartender

MOTHER

FULL MAIDEN NAME: Flora Edwards

RESIDENCE: Mullan

COLOR: white

AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Illinois

OCCUPATION: None

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Normal (Born alive or stillborn), at 10 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James R Bean MD

physician (Physician or midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 25 1913

W. Chas. A. Dittman

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of ~~Birth or Death~~

State of Nebr. } ss.
County of Adams }

Certificate No. 11827

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Morris (Name on Original Certificate) who born (Was Born or Died) on 1-13-13 (Date of Event)
in Mullan (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on Kenesaw, Neb. for years 1920-1924 are:
viewed by V.S. (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Marriage Bookabout July, 1935 viewed by v.s.	
Child's Name	Unnamed	Belva Morris

Subscribed and sworn to before me this 10th day of Oct 1957

M.S. McMullen
Notary Public, residing at Kenesaw Nebr.
My commission expires Aug 28 1958
(Seal)

Signed Cora Morris Kirksey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Kenesaw Neb (sister)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Nebr. } ss.
County of Adams }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of October 1957

M.S. McMullen
Notary Public, residing at Kenesaw Nebr.
My commission expires Aug 28 1958
(Seal)

Signed Francis Harshbarger
(Signature of Any Credible Person)
Kenesaw Neb.
(Street Address, City, State)

FORM DPH 55. 155

NN 10-4-57 nm

DEC 2 1957

396-713-c 49-799

PLACE OF BIRTH

County of Shoshone

City of Osborne

No. ____, ____ St.

Hospital ____

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~5~~ 25 File No. 11828

Primary Registration District No. 2104 Registered No. ____

FULL NAME OF CHILD FLOYD LOUIS Trowbridge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
M	one	1st	yes	Jan 13th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Trowbridge	Ethel Packard
RESIDENCE	Osborne Ida	Osborne Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	19
BIRTHPLACE	Ida	Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lee Mowery

Physicians (Physician or Midwife)

Address Wallace Ida.

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb 2 19 13 Dr. Chas. L. Pettman
Registrar

S-Y CO., 18669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

JAN 19 1942

Certificate No. 11828

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Trowbridge (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 13, 1913 (DATE OF EVENT) in Osburn, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Family Bible/ and affiant's own knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on about Jan. 15, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	- - -	Floyd Lewis Trowbridge
date of birth	Jan. 26, 1913	Jan. 13, 1913

Subscribed and sworn to before me this 16th day of January, 1942.

Chas E Horning

Notary Public, residing at Wallace, Idaho

My commission expires Nov. 30, 1945

(SEAL)

Signed Ira Albert Trowbridge

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Wallace, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January, 19 42.

Chas E Horning

Notary Public, residing at Wallace, Idaho

My commission expires Nov. 30, 1942.

(SEAL)

Signed Ira L Hull

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Wallace, Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1942 By .....

(REGISTRAR'S SIGNATURE)

JAN 24 1942

915-218-014-419

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11[illegible]

CERTIFICATE OF BIRTH

11831

County of Canyon

City of Emmett

Registration District No. 22 File No. 1[illegible]1

No. ..... St.

Primary Registration District No. 2009 Registered No. 191

Hospital .....

FULL NAME OF CHILD Edythe Agnes Rands

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	2	2	yes	Feb. 18th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Lows Rands	Blernice Darrell
RESIDENCE	Emmett, Ida	Emmett, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	South Dakota	Paris, Texas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 7 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Wright, M.D.

Emmett, Ida. (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Mar 5 19 13

..... Registrar

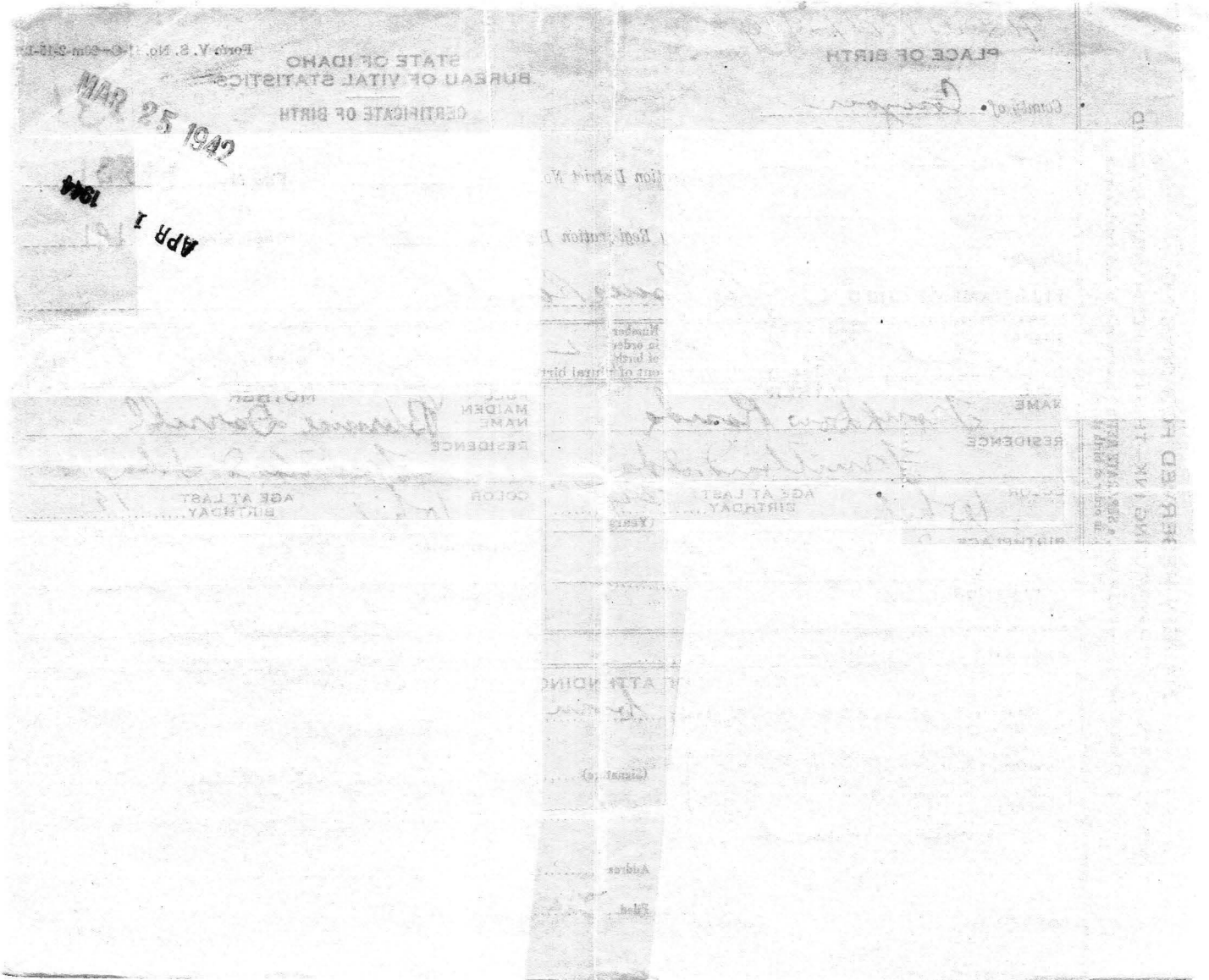
S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-256-014-251

PLACE OF BIRTH

Form V. S. No. IH-C—Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 22 File No. 11832

Primary Registration District No. 2009 Registered No. 189

FULL NAME OF CHILD VERNA SMITH

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	—	—	yes	Feb. 6th 1913

	FATHER	MOTHER
FULL NAME	Gordon Leslie Smith	FULL MAIDEN NAME Grace Beals
RESIDENCE	Fruitland	Fruitland, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Elliot, Iowa	Nevada, Missouri
OCCUPATION	Liveryman	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Crispin Longley, M.D.

Fruitland, Ida.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 11 19 13 S. R. Woodward Registrar
Dep

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Malheur }

Certificate No. 11832

JAN 21 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Un-named Daughter (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb 5th 1913 (DATE OF EVENT)
in Fruitland, Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about March 15 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Verna Smith
date of birth	Feb. 5th, 1913	Feb. 6, 1913

Subscribed and sworn to before me this 20th
day of January, 1942

Notary Public, residing at Nyssa, Oregon.
My commission expires February 2nd 1945
(SEAL)

Signed Gordon Smith
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Nyssa, Oregon.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of January, 1942

Notary Public, residing at Nyssa, Oregon.
My commission expires February 2nd 1945
(SEAL)

Signed Mrs Grace Smith
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Nyssa, Oregon.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 21 1942 By
(REGISTRAR'S SIGNATURE)

JAN 23 1942

38-103-004-769

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Registration District No. 22 File No. 11833

Primary Registration District No. 2009 Registered No. 190

FULL NAME OF CHILD Albert Eugene Charles

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	yes	Feb. 3 1913

FATHER

FULL NAME: Frank Raymond Charles

RESIDENCE: Fruitland Ida.

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Waterville Ohio.

OCCUPATION: Teacher

MOTHER

FULL MAIDEN NAME: Rhoda ~~Porter~~ Corwina Porter

RESIDENCE: Fruitland, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 22 (Years)

BIRTHPLACE: Lima, Ohio

OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cuspin Wright M.D.

Fruitland, Ida.
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Feb 15 1913 J. Rhodewalt Registrar

S-Y CO. 20174

Certified copy issued, 1-7-41 D.P.

763-12.014-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Canyon

City of Payette

No 223, So. 7th St.

Hospital

Form V. S. No. [illegible] Revised

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 22 File No. 11834

Primary Registration District No. 2005 Registered No. 193

FULL NAME OF CHILD ~~Unnamed~~ Ethelyn Wells Golden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb 12, 1913

FATHER		MOTHER	
FULL NAME	Emmett Golden	FULL MAIDEN NAME	Rachel Wilson
RESIDENCE	223 South Seventh St. Payette	RESIDENCE	With Husband
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Oregon	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician (Physician or Midwife)

Address Payette Idaho

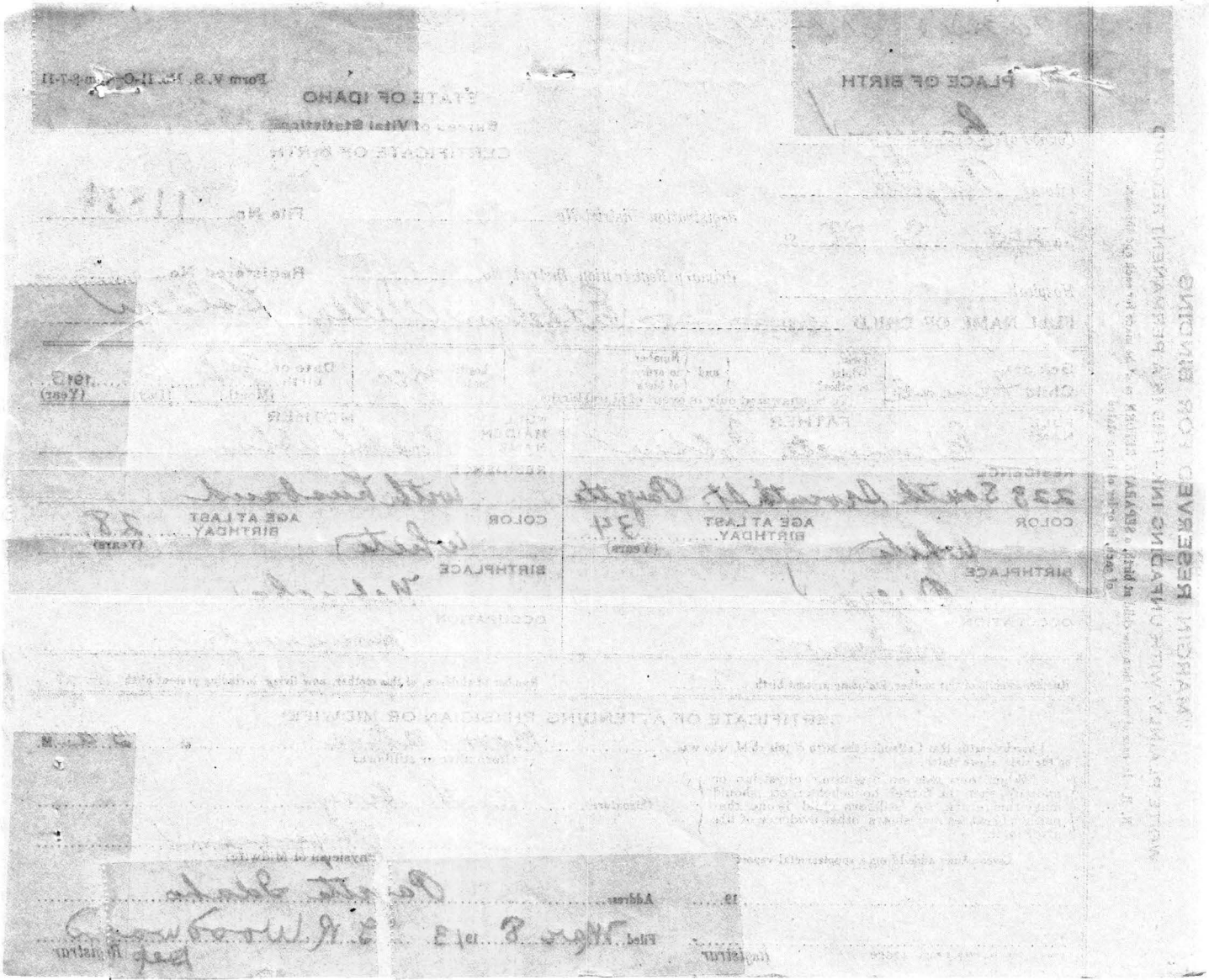
Given names added from a supplemental report

....., 19.....

Filed Mar 8 1913 J. R. Woodward Dep Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 11934

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Ethelyn Wilda Golden
	2 d	

Subscribed and sworn to before me this 2 day of Oct, 1942

W. B. Joy
Notary Public, residing at Boise, Ida

My commission expires 7/14/45
(Seal)

Signed Ethelyn Wilda Golden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt #1, New Plymouth, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ }
County of _____ } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19____

Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

OCT 2 1942

3-4.11-aa-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 21-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Payette

No. 413, 6th St.

Hospital

Registration District No. 2 2 — File No. 11835

Primary Registration District No. 2 2 5 — Registered No. 192

FULL NAME OF CHILD Clinton Theodore Blandeau

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 1, 1913

FATHER	MOTHER
FULL NAME: William Blandeau	FULL MAIDEN NAME: Nellie Miller
RESIDENCE: 413 6th Street, Payette, Idaho	RESIDENCE: With husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Iowa
OCCUPATION: Civil Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. K. Avery

Physician
(Physician or Midwife)

Address Payette, Idaho

Filed ..... 19.....

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 11 1959

JAN 2 6 1959

286-12-014-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 04-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of _____

No _____, _____ St.

Hospital _____

Registration District No 22 File No. 11836

Primary Registration District No. 2005 Registered No. 194

FULL NAME OF CHILD Charles Frederick Shontz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 25 1913

FATHER	MOTHER
FULL NAME: Charles B. Shontz	FULL MAIDEN NAME: Irma Wilson
RESIDENCE: Three miles north of Payette	RESIDENCE: With husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Canada	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avey

Physician
(Physician or Midwife)

Address Payette Idaho

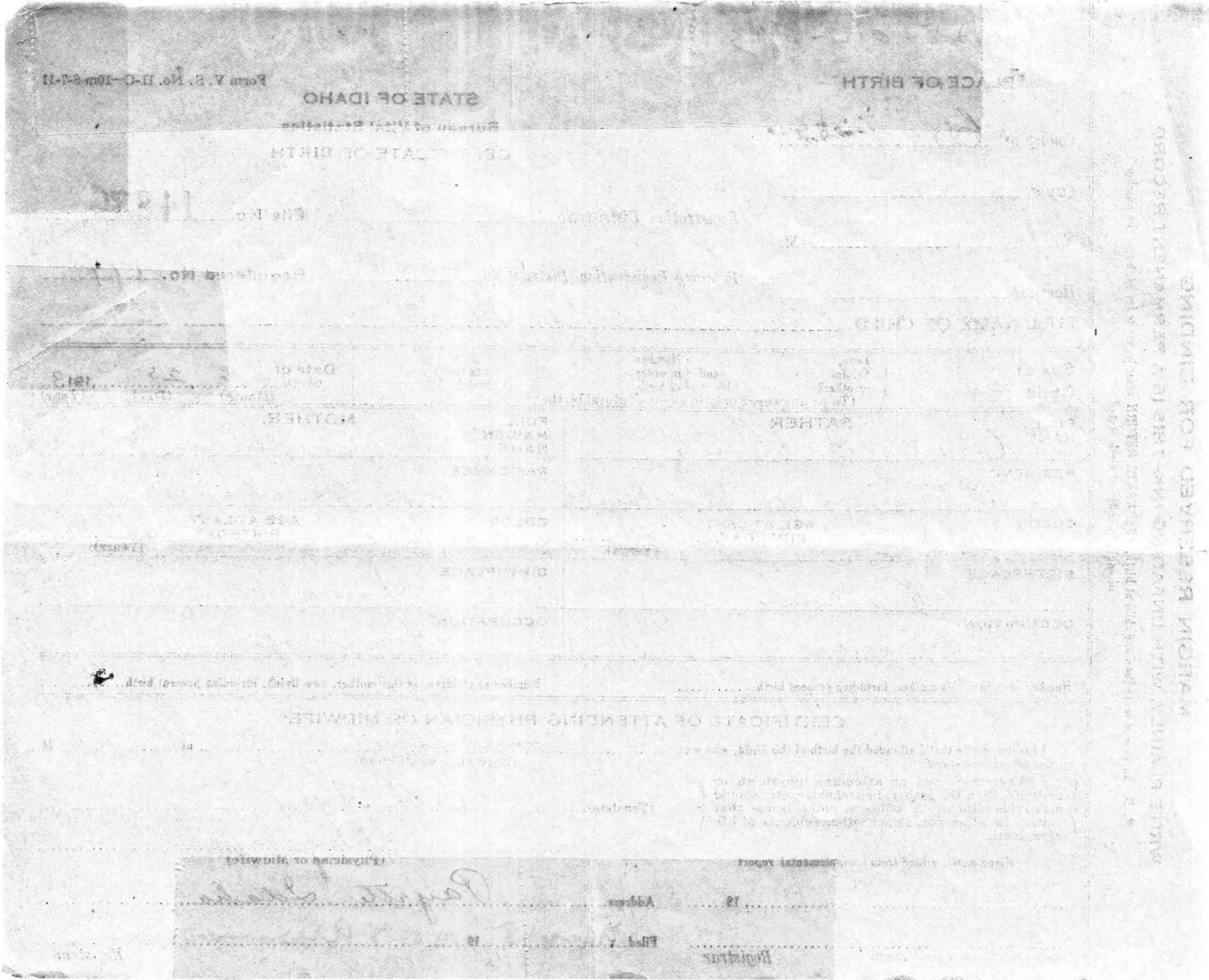
Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Nov 5 19 13 _____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



23-1161018-456

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Ahsahka

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 11839

Primary Registration District No. 2078 Registered No. 6

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	July 16, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Haman Stalnaker	Lola M. Hewett
RESIDENCE	Ahsahka, Ida	Ahsahka, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	21
BIRTHPLACE	W. Va.	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ____

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Filed July 20, 1913 J. M. Dailey

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS 17326

669-22-018-3-19

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Orofino

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 11840

Primary Registration District No. 2978 Registered No. 7

FULL NAME OF CHILD Georgia Ethel Worden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	February 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ulysses S. Worden	Minerva L. Carson
RESIDENCE	Orofino Ida	Orofino Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	33
BIRTHPLACE	Kansas	Mo.
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Darby

Physician (Physician or Midwife)

Address Orofino, Ida

Filed February 13 1913 J. M. Faist Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 26 1963

955-122-018-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Clearwater

City of Weippe, Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 11841

Primary Registration District No. .....

Registered No. 8

FULL NAME OF CHILD Richard F. Reed

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)	—	Yes	Feb 22 1913

FATHER		MOTHER	
FULL NAME	Cecil R. McReed	FULL MAIDEN NAME	Mattie Poole
RESIDENCE	Frazier Idaho	RESIDENCE	Frazier Idaho.
COLOR	White	COLOR	White,
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl W Hovorka

Orofino Ida

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed ..... 19.....

J M Bailey Registrar

..... Registrar

8-Y CO. 20174

Form V. S. No. 11-C-Rev-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington
County of Grant

RECEIVED SEP 3 1964 Bureau of Vital Statistics

Certificate No. 11841

Date Filed

The undersigned does solemnly swear that certain facts in the certificate of Birth (Birth or Death)
for Unnamed Reed (male child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22, 1913 (Date of Event)
in Clearwater County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Richard F Reed
Child's Place of Birth	Omitted	Weippe, Idaho

Subscribed and sworn to before me this 15th day of August, 1964

Notary Public, residing at Moses Lake Wash

My commission expires Feb 5, 1966

(Seal)

Signed Richard F Reed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Wasco } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of August, 1964

Dorothy Gassaway

Notary Public, residing at The Dalles, Ore.

My commission expires Oct. 31, 1967

(Seal)

Signed Cecile M. Saydak
(Signature of Any Credible Person)

1608 Montana St.
(Street Address, City, State)
The Dalles Oregon

FORM DH 60-155

CL 5-12-64. one copy pd. rec. #19667.

The Prudential Insurance Co. Application for insurance - dated Aug. 5, 1958 at Moses Lake, Washington gives full name of insured as Richard F. Reed, born Feb. 22, 1913 at Weippe, Idaho - viewed by V.S.

Application to Prudential Insurance Co. of America, dated 4/21/58 for insurance under the Employee Security Program, gives full name of insured as Richard F Reed, born 2/22/1913 at Weippe, Idaho - viewed by V.S.

FEB 18 1965

219-204-010-314

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of

No. ..... St.

Hospital

Registration District No. 7 19 File No. 11842

Primary Registration District No. 227 Registered No. 12

FULL NAME OF CHILD Thora Bailey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Jan 11 1913

FATHER		MOTHER	
FULL NAME	Jessie H Bailey	FULL MAIDEN NAME	Mercy Carmichael
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Mill Creek Utah	BIRTHPLACE	Lake Town Utah
OCCUPATION	Farming	OCCUPATION	—

Number of child of this mother, including present birth 3 1/4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born a live (Born alive or stillborn) at 8 o'clock P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Hiatt

(Physician or Midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 1/21 1913

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 17 1966

413-23-010-059

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11843

Primary Registration District No. 2027 Registered No. 13

FULL NAME OF CHILD Olive Mallory

Sex of Child: Female | Twin, Triplet or other? ..... and (Number in order of birth) ..... (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: 1 (Month) 23 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Lorenzo Mallory	FULL MAIDEN NAME: Mary Yenich
RESIDENCE: 6 [illegible] Lee Ave	RESIDENCE: 6 [illegible] Lee Ave
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Montpelier	BIRTHPLACE: Montpelier
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) Jan 23 at 6 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) Annie Taylor

Midwife

(Physician or midwife)

Address 245 Cliff St

Filed Jan 24 19 13 [illegible] Registrar

S-Y CO. 20174

APR 28 1965

JAN 29 1970

345-215-010-168

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. East Park St.

Hospital

Registration District No. 7 File No. 11844

Primary Registration District No. 2027 Registered No. 14

FULL NAME OF CHILD Lucille Betty Lundburg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	1 / 15 / 1913

FATHER

FULL NAME: Joel Julius Lundburg

RESIDENCE: E st + Park Ave.

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Polk Co. Neb.

OCCUPATION: Locomotive Engineer

MOTHER

FULL MAIDEN NAME: Allie Johnson

RESIDENCE: E st + Park Ave.

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: St Paul Minnesota

OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) on the date above stated. Jan 15 at 11 20 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Tunday McClure

(Physician or midwife)

Address 265 E 1/2 St

Given names added from a supplemental report

..... 19.....

Filed Jan 20 19 13

..... Registrar

S-Y CO.-30174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 6 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 9 10 58 AM '73

State of Idaho } ss.
County of Bannock

Certificate No. 11844

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lundburg (Female) (Name on Original Certificate) who was born (Was Born or Died) on Jan 15, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by U.S.Government Form 57 prepared June 5, 1943; and Marriage license (Bible Record, Insurance Policy, Etc.) prepared on Sept. 17, 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Lundburg	Lucille Betty Lundburg

Subscribed and sworn to before me this 23rd day of March, 1973

Richard W. Miner

Notary Public, residing at Pocatello, Idaho

My commission expires March 10, 1976

(Seal)

Signed Kenneth L. Lundburg

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #3, Box 372, Pocatello, Idaho 83201

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of May, 1973

James H. Allen

Notary Public, residing at Spokane, Washington

My commission expires DEC. 15, 1975

(Seal)

Signed Ernest W. Richards

(Signature of Any Credible Person)

N. 5816 Drumheller, Spokane, Wash. 99208

(Street Address, City, State)

FORM DH 60-155 CL 3/6/73

Application for Federal Employment in Montana (Missoula) gives name as Mrs. Lucille (Betty) Lundburg Richards. Born Jan. 15, 1913. Date of Application May 13, 1943. Signed by Mrs. Lucille L. Richards on June 5, 1943. Viewed by V. S.

MAY 29 1973

Marriage License from Montana gives groom's name as Ernest W. Richards and the bride's name as Lucille Betty Lundburg. Dated Sept. 17, 1937. Viewed by V. S.

296-22-7010-469

PLACE OF BIRTH

County of Bonneville

City of Mills

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11845

Primary Registration District No. 219 Registered No. 15

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	Feb 27 1913

FATHER	MOTHER
FULL NAME Monhoni Carmel Brown	FULL MAIDEN NAME Clara E Morris
RESIDENCE Mills Ida	RESIDENCE Mills Ida
COLOR White AGE AT LAST BIRTHDAY 30 (Years)	COLOR White AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Merchant	OCCUPATION Home wife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 5 P.M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) .....
(Physician or midwife)

Address .....

Filed May 10 1913 .....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

331-113: 010-619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Iona

No ....., ... St.

Hospital .....

Registration District No. 7

Registration District No. 227

File No. 11846

Registered No. 16

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

FULL NAME OF CHILD ~~Leslie~~ Ward Melvin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Yes	1st	Yes	Jan. 13, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David M. Colvin	Mary Ann Ward
RESIDENCE	Iona	Iona
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor, M.D.

(Physician or Midwife)

Address Idaho Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 1 1913

.....
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

Form V.S. No. 11-C—10m-8-21

STATE OF IDAHO

NAME	MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	AGE AT LAST BIRTHDAY	COLOR	AGE AT LAST BIRTHDAY

331-113-000619

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

Registration District No. 7 File No. 11847

No. ____, ____ St.

Hospital ____ Primary Registration District No. 227 Registered No. 17

FULL NAME OF CHILD Chester Ward Clarke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Yes		2nd	Yes	Jan. 13, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David R. Clarke	Mary Ann Ward
RESIDENCE	Iona	Iona
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Mellon M.D.

(Physician or Midwife)

Address Idaho Falls - Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb 1 1913 C. Thomsen

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 11348

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Chester Ward Clark (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Jan. 13, 1913 (DATE OF EVENT)
in Iona, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on August 6, 1921 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Lester Ward Clarke	~~Chester Ward Clark~~ Chester Ward Clark

Subscribed and sworn to before me this 29th day of May, 19 42

H. A. Miller

Notary Public, residing at Idaho Falls, Ida

My commission expires Feb. 9, 1944

(SEAL)

Signed John O. Miller M.D.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Idaho Falls, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of May, 19 42

H. A. Miller

Notary Public, residing at Idaho Falls, Ida

My commission expires Feb. 9, 1942

(SEAL)

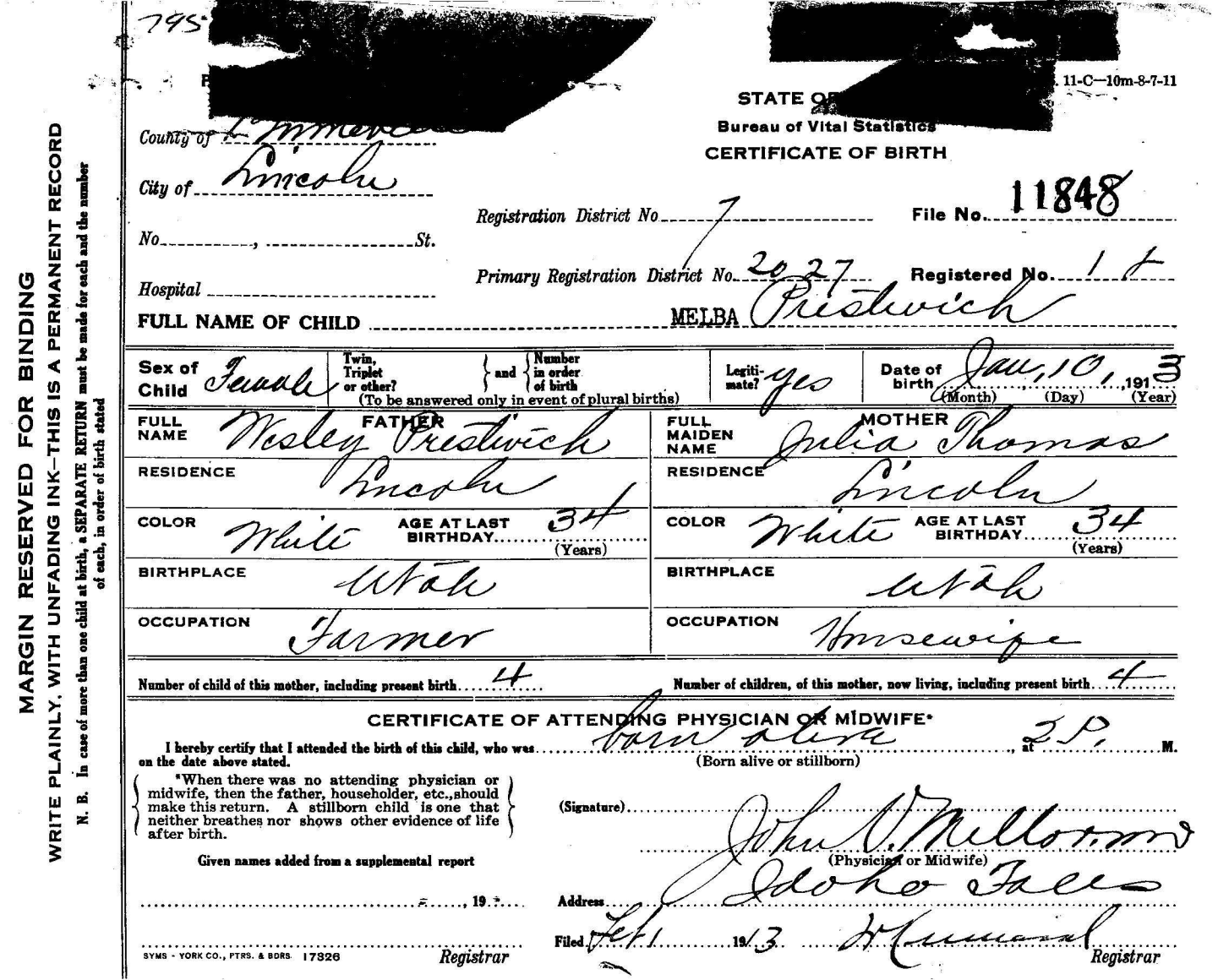
Signed Mary Ann Clark mother
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Iona, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 1 1942 By
(REGISTRAR'S SIGNATURE)

JUN 3 1942

This was attached to twin LESTER and the wrong twin was corrected. Lester died.



795 [redacted]

[redacted] 11-C—10m-8-7-11

STATE OF [redacted]
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Lemhi

City of Lincoln

Registration District No. 7 File No. 11848

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 1 t

Hospital ____

FULL NAME OF CHILD MELBA Priestwich

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 10, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wesley Priestwich	Julia Thomas
RESIDENCE	Lincoln	Lincoln
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19..

(Signature) John N. Mellon M.D.
(Physician or Midwife)

Address Idaho Falls

Filed Feb 1 1913 H Linnard
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

RECORD

DEC 5 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 11848
Date Filed September 26 1941
SEP 29 1941

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Melba Prestwich (Name on original certificate) who born (Was born or died) on January 10, 1913 (Date of event)
in Idaho Falls Idaho Route (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Insurance Policy 1007380 (Bible record, insurance policy, etc.) prepared on February 21, 1935 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Prestwich	Melba Prestwich

Subscribed and sworn to before me this 26
day of Sept., 1941
J. B. Eastick
Notary Public, residing at Sacramento Co. Cal.
My commission expires 6-8-1943
[SEAL]

Signed Arthel T. Prestwich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1015-23rd St.
(Street Address, City, State) Sac. Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19
Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

Amended 10-22-71

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11849
Local Reg. No. 19
Reg. Dist. No. 7

1. PLACE OF BIRTH

a. COUNTY: Bonneville

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Iona

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bonneville

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Iona

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME *(Type or print)*

a. (First): Ellafair

b. (Middle):

c. (Last): Kendrick

4. SEX: female

5a. THIS BIRTH — SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): January 26, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Burrell

b. (Middle):

c. (Last): Kendrick

8. AGE (At time of this birth): 28 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Texas

10. USUAL OCCUPATION: Machinist

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Abby

b. (Middle):

c. (Last): Johnson

13. AGE (At time of this birth): 25 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Mexico

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 1

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: John O. Mellor

18. ATTENDANT AT BIRTH — M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Idaho Falls

20. DATE SIGNED: Feb. 1, 1913

21. DATE REC'D BY LOCAL REG.: Feb.1,1913

22. REGISTRAR'S SIGNATURE: W. Kincaid

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 22 1971
Bureau of Vital Statistics

State of Idaho
County of Canyon } ss.

Certificate No. 11849

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ella Kendrick (Name on Original Certificate) who was born (Was Born or Died) on January 26, 1913 (Date of Event)
in Iona, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
item-full name of child	Ella Kendrick	Ellafair Kendrick
father's name	Berl Kendrick	Burrell Kendrick

Subscribed and sworn to before me this 11th day of October, 19 71

Notary Public, residing at Nampa, Idaho
My commission expires 11-12-75
(Seal)

X Signed Abby K Doak
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
507 - Maple St Nampa Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

In office 9-28-71 nm.

Church Record filed with Ward Clerk, J. Ray Foster gives name of father as Charles Burrell Kendrick and mother Abby Johnson. Ellafair Kendrick born Jan 26, 1913. Baptized Feb. 6, 1921.
Viewed by V.S.

Page from Family Bible gives name as Isaac Burrell Kendrick born Nov. 20, 1884. Bible record obviously old.
Viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Iona

No ____, ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 227

File No. 11849

Registered No. 19

FULL NAME OF CHILD Ella Kendrick

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)		yes	Jan. 26 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Berl Kendrick	FULL MAIDEN NAME	Abby Johnson
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Mexico
OCCUPATION	Machinist	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John O'Mellon MD

(Physician or Midwife)

Address Idaho Falls, Ida

Filed Feb 1 1913 W Hammond
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 2 2 1971

366118-610-6-69

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No ____, ____ St.

Registration District No 7 File No. 11850

Primary Registration District No. 2127 Registered No. 20

Hospital ____

FULL NAME OF CHILD Orvil Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 18, 1913

FATHER		MOTHER	
FULL NAME	Thos. F. Cook	FULL MAIDEN NAME	Rebecca Ford
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O'Keller MD

(Physician or Midwife)

Address Idaho Falls - Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Jan 1 19 13 [illegible] Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 25 1967

652.1196105-545

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11852

Primary Registration District No. 2027 Registered No. 22

FULL NAME OF CHILD Hugh Treeguard Webb

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	Jan. 19 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo. Francis Webb	FULL MAIDEN NAME	Florence Emery
RESIDENCE	Lincoln	RESIDENCE	Lincoln
COLOR	W	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Book-Keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

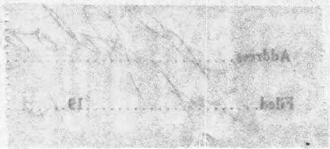
.....
Registrar

(Signature) John O. Meller MD
(Physician or Midwife)

Address Idaho Falls.

Filed Jan 1 19 13 [illegible]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



699-191010231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11853

Primary Registration District No. 2027 Registered No. 23

FULL NAME OF CHILD Elizabeth Wright

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			8	yes	Jan. 19 1913

FATHER		MOTHER	
FULL NAME	Moses J. Wright	FULL MAIDEN NAME	Sarah E. Stanger
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	County Treas.	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Miller M.D.

(Physician or Midwife)

Address Idaho Falls.

Given names added from a supplemental report

....., 19.....

Filed Jan 1 1913 C. Hansen

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

3/11/41 L. B.

345-128101-0-343

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11854

Primary Registration District No. 227 Registered No. 24

FULL NAME OF CHILD Bruce Arthur Lundgren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 28, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Lundgren	Nellie Cullen
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	Nebraska	Illinois
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John C. Metten MD

(Physician or midwife)

Address Idaho Falls.

Given names added from a supplemental report

....., 19.....

Filed Feb 1 19 13 M Cunningham

Registrar

.....

Registrar

5-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. II-C—20m-9-15-12

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
MAR 9 1965
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 11854

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lundgren (male child) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 28, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Bruce Arthur Lundgren

Subscribed and sworn to before me this 19 day of Feb, 1965.

Notary Public, residing at Scottsdale

My commission expires My Commission Expires Aug. 27, 1966

(Seal)

Signed X Nellie C Lundgren
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ariz. } ss.
County of Maricopa }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19 day of Feb, 1965.

Notary Public, residing at Scottsdale

My commission expires My Commission Expires Aug. 27, 1966

(Seal)

Signed [signature] (Signature of Any Credible Person)

3040 Charter Oak Rd

(Street Address, City, State)

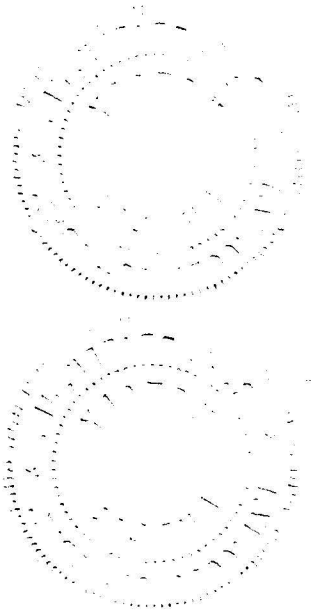
FORM DH 60-155

CL 2-11-65. one copy pd. rec. #9446.

Own Child's Birth Cert. on file: (Idaho Birth) #256827 gives full name of father as Bruce Arthur Lundgren - viewed by V.S.

MAR 29 1965

Application to the Metropolitan Life Insurance Co., dated Aug. 23, 1943 at Idaho Falls Idaho gives full name of applicant as Bruce Arthur Lundgren, born Jan. 28, 1913, age 31, in Idaho Falls, Idaho - viewed by V.S.



154-224-010-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Lincoln

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11855

Primary Registration District No. 2027 Registered No. 25

FULL NAME OF CHILD Ethel Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan 24, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ambrose Anderson	Annie Schofield
RESIDENCE	Lincoln	Lincoln
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	31
BIRTHPLACE	England	England
OCCUPATION	Machinist	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

.....
Registrar

(Signature) John O. Mellor, MD
(Physician or Midwife)

Address Idaho Falls, Ida

Filed Feb 1 1913 C. Hammond
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

319.22.010315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Ammon

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 7 — File No. 11856

Primary Registration District No. 2027 — Registered No. 26

FULL NAME OF CHILD Anona Carter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 27, 1913

FATHER		MOTHER	
FULL NAME	A. O. Carter	FULL MAIDEN NAME	Mary Lambert
RESIDENCE	Ammon	RESIDENCE	Ammon
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Utah	BIRTHPLACE	Mexico
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 4 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) John O. Mellor, M.D.

(Physician or Midwife)

Address Idaho Falls, Ida.

Filed Feb 1 1913 W. Hammond

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY..... (Years)

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY..... (Years)

21-207-010315

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ida Falls Ida

No. ..... St.

Hospital .....

Registration District No. 7 File No. 11858

Primary Registration District No. 2027 Registered No. 21

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—		—	Yes	Feb. 3 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Allen Samuel	FULL MAIDEN NAME	Allie Cantwell
RESIDENCE	Idaho Falls Ida	RESIDENCE	Idaho Falls Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Millville Utah
OCCUPATION	Dry Goods Clerk	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb. 3-13 at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Sodergren M.D.
(Physician or midwife)

Address Idaho Falls. Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 5 19 13 [illegible]
Registrar

S-Y CO. 20174

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

253128010-895

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. —, 15th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11859

Primary Registration District No. 2027 Registered No. 29

FULL NAME OF CHILD Chase Laray Sellars

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male	Single	One	Yes	Jan	28	1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles A. Sellars	Lulu Marcy Hines
RESIDENCE	Idaho Falls	Idaho Falls
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Iona, Idaho	Blackfoot, Idaho
OCCUPATION	Dry Farming	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. W. Pendleton

Physician (Physician or Midwife)

Address 461 Shoup Ave, Idaho Falls

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb 5 19 13

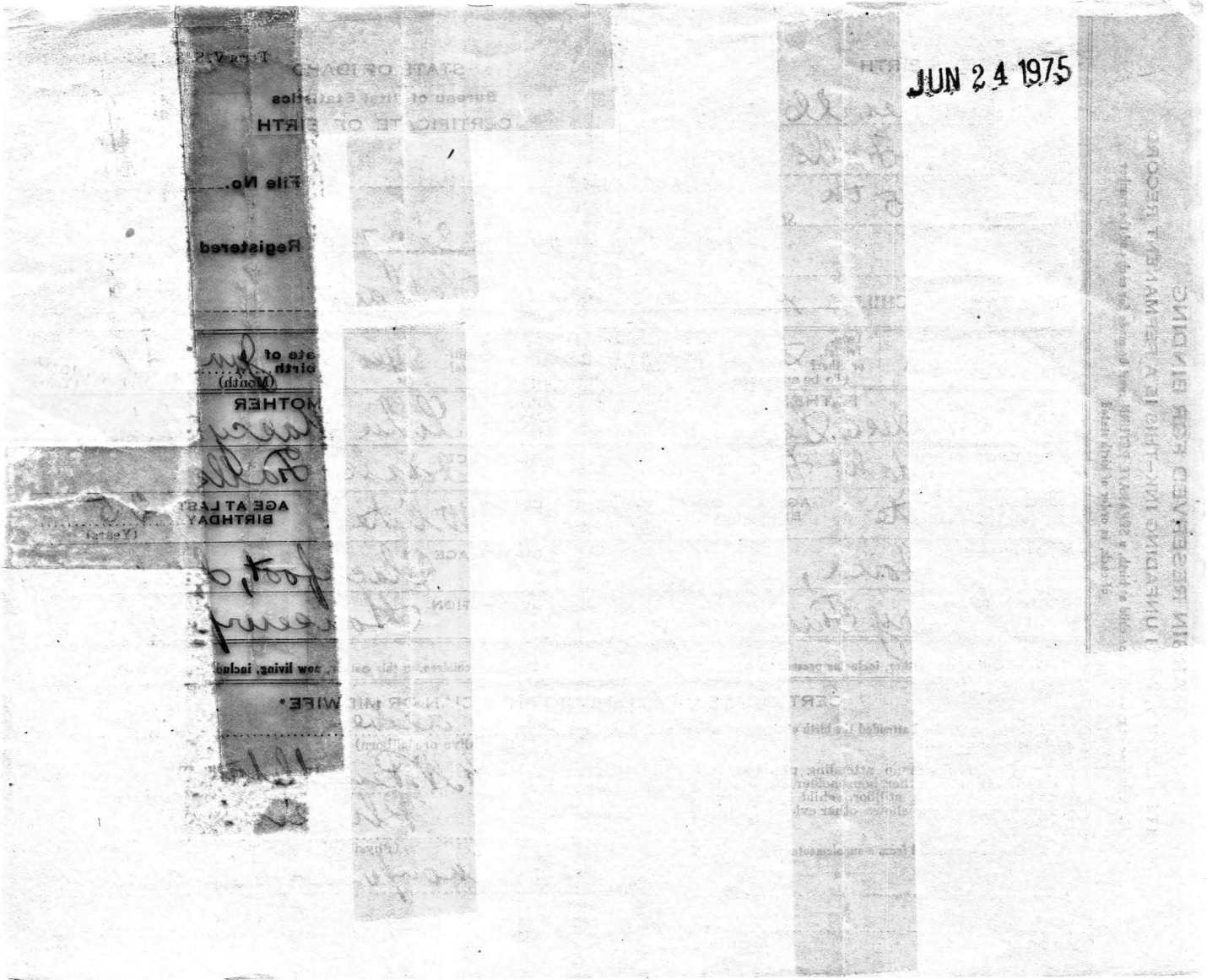
C. Hammond
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


JUN 24 1975

412-10710-10-781

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11860

Primary Registration District No. 2027 Registered No. 30

FULL NAME OF CHILD Lulu Irene Mason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lulu Mason	Elizabeth Ryan
RESIDENCE	Idaho Falls Ida.	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	39
BIRTHPLACE	Paris, France	Nathuan, Mass.
OCCUPATION	Cement Work- Contractor	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or stillborn) at 8-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Lyman

P. Lyman (Physician or midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Feb. 10 1913 W. Lyman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 18 1942

295-2011010-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Registration District No. 7 File No. 11861

Primary Registration District No. 2027 Registered No. 31

FULL NAME OF CHILD Lottie Birene King

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			yes	Feb 1 1913

FATHER	MOTHER
FULL NAME George King	FULL MAIDEN NAME Mary Jane Madsen
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Springville Utah	BIRTHPLACE Monroe Utah
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 1, 1913 (Born alive or stillborn), at 2 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J. Rawlings

Obstetrician (Physician or midwife)

Address Iona Bonneville Co. Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2/12 1913 [signature] Registrar

8-Y CO. 20174

455-208-010-128

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneyville

City of Ammon

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. XV 7 File No. 11862

Primary Registration District No. 2027 Registered No. 32

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	1		yes	Feb 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Phillip M. Denning	Mary Ann Ashdown
RESIDENCE	Ammon Ida.	Ammon Ida.
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Montpelier Idaho	Davis Co Utah
OCCUPATION	Farming	House Wife

[Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

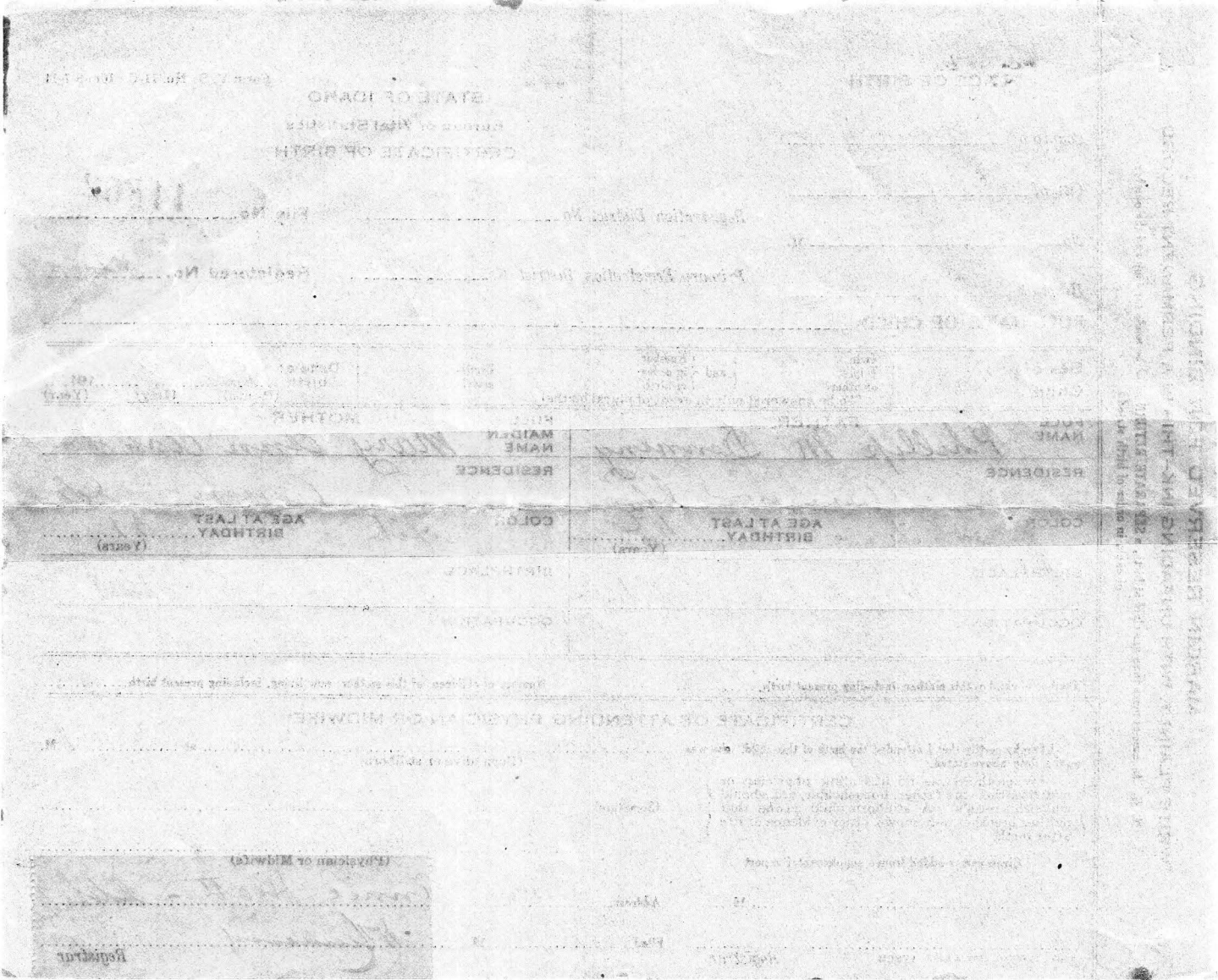
(Signature) ____

Midwife (Physician or Midwife)

Address Mrs Annie Hiatt - Ammon Ida.

Filed Feb 10 1913 H Thurman Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar



235-d-3-010-315

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11863

Primary Registration District No. 2027 Registered No. 33

FULL NAME OF CHILD Paul Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		6	Yes	Jan 13 1913

FATHER	MOTHER
FULL NAME: James Stevens	FULL MAIDEN NAME: Lucile James
RESIDENCE: Idaho Falls Ida	RESIDENCE: Idaho Falls Ida
COLOR: Black	COLOR: Black
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Laborer	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 6

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James M. Evans M.D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

..... 19.....

Filed Jan 17 1913 D. J. Brand

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FOR BINDING

THIS IS A PERMANENT R

BIRTHPLACE

COLOR

AGE AT LAST BIRTHDAY

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

553 2041 010-466

Form V. S. No. 11-O Rev. 6-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11864

Primary Registration District No. 227 Registered No. 34

FULL NAME OF CHILD George H. Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 4 1913

FATHER		MOTHER	
FULL NAME	Hyrum Nelson	FULL MAIDEN NAME	Elsa B Moon
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas H Bean

P L Burdick

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed Jan 14 1913 A. C. Emmons

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE	

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 11864

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Unnamed Nelson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Jan. 4, 1914 (DATE OF EVENT) in Idaho Falls, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Personal Knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	No name	George H. Nelson

Subscribed and sworn to before me this 3d day of January, 1942

Notary Public, residing at Boise

My commission expires April 1, 1945

(SEAL)

Signed George H. Nelson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Box 1842, Boise, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

AFFIDAVIT TO CORRECT

State of

NOV

415 208 010-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ____, B, St.

Hospital ____

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11865

Primary Registration District No. 2027 Registered No. 31—

FULL NAME OF CHILD Nana Davis

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Female	Single (To be answered only in event of plural births)	One	yes	Feb. (Month) 8 (Day) 19k3 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Peter Davis	Cornelia Effa Fowler
RESIDENCE	Idaho Falls Idaho	Idaho Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		37 yrs
BIRTHPLACE		Beaver, Utah
OCCUPATION	Grocery deliveryman Wright Mer. Co.	Housewife
Number of child of this mother, including present birth	Seven	
Number of children, of this mother, now living, including present birth		5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. at 10A.7 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Feb 19 1913 [illegible]

Registrar

S-Y CO., 16670

JAN 28 1948

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

55-216-010154

PLACE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11866

Primary Registration District No. 227 Registered No. 36

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Girl			Yes	Feb.	16	1913

FATHER		MOTHER	
FULL NAME	Albert S Newman	FULL MAIDEN NAME	Julia Andersen
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive~~ at ~~stillborn~~ (Born alive or stillborn) at 7:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

M.D.

(Physician or midwife)

Address Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 27 1913

..... Registrar

S-Y CO. 20174

Registrar

169-123010-815

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ____ St.

Hospital ____

Form V. S. [illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11867

Primary Registration District No. 2029 Registered No. 37

FULL NAME OF CHILD OTTO L. JORGENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy			yes	Feb 23 1913

FATHER		MOTHER	
FULL NAME	Nephi C. Jorgensen	FULL MAIDEN NAME	Anna M Hansen
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7:a M. on the date above stated.

(Signature) Josephine Thompsen

(Physician or midwife)

Address Ucon Bonneville Co. Ida.

Filed Feb 24 19 13 [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Name .....

Residence .....

Date of Birth .....

Registration District No. .....

Entry, Registration District .....

Number in order of birth

Year of Birth

(Year)

(Signature)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.

County of Jefferson }

Certificate No. 11867

Date Filed APR 6

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)

for Otto L.Jorgensen (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on February 23rd,1913. (DATE OF EVENT)

in Ucon, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 26th 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Otto L. Jorgensen

Subscribed and sworn to before me this 3rd day of April, 19 42

Bessie B. Bennett

Notary Public, residing at Rigby, Idaho.

My commission expires November 9th,1942.

(SEAL)

Signed Niels C. A. Jorgensen Father

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rigby, Idaho.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.

County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of April, 19 42

Bessie B. Bennett

Notary Public, residing at Rigby, Idaho.

My commission expires Nov.9th,1942

(SEAL)

Signed Hugo D. Jorgensen

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

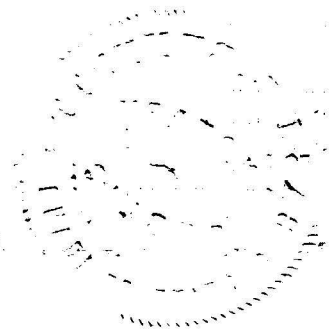
Rigby, Idaho.

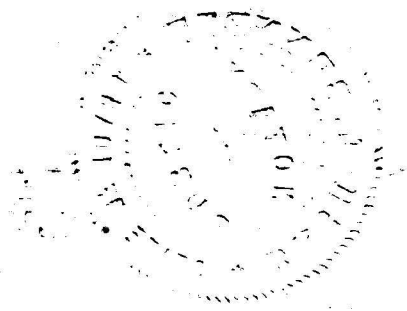
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

AUG 8 1942





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-Idaho-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 7 File No. 11868

Primary Registration District No. 2029 Registered No. 54

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	Feb. 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. W. McLing	Minnie Petersen
RESIDENCE	Ucon	Ucon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 1:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician ~~or~~ midwife)

Address Ucon Bonneville

Given names added from a supplemental report

..... 19.....

Filed Feb 27 1913

..... Registrar

..... Registrar

8-Y CO. 20174

152108-010-386

PLACE OF BIRTH

County of Bonneville

City of Iona

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11869

Primary Registration District No. 2027 Registered No. 39

FULL NAME OF CHILD Harvey Jeppson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 8, 1913

FATHER		MOTHER	
FULL NAME	Albert Jeppson	FULL MAIDEN NAME	Adeline Thompson
RESIDENCE	Iona	RESIDENCE	Iona
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Utah	BIRTHPLACE	Ills
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ~~10~~ 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Dr. Lee Mellor, MD

(Physician or Midwife)

Address Idaho Falls - Idaho

Filed Feb 28 1913

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 23 1942

.553.131-010-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more that one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bonneville

City of Ammon

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 11870

Primary Registration District No. 227 Registered No. 40

FULL NAME OF CHILD Vincent Salmodge Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 31 1913

	FULL NAME	RESIDENCE	COLOR	AGE AT LAST BIRTHDAY (Years)	BIRTHPLACE	OCCUPATION
FATHER	Leonidas Joseph Nelson	Ammon	White	29	Utah	Farmer
MOTHER	Eleanor Campbell	Ammon	White	27	Idaho	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John O. Mellor M.D.

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

....., 19.....

Filed Feb 21 1913

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

DUP OF 13-328994

343-21-010-236

PLACE OF BIRTH 1

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

Registration District No. 7 File No. 11871

No. ____, ____ St.

Primary Registration District No. 229 Registered No. 41

Hospital ____

FULL NAME OF CHILD Lois Cutler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 16, 1913

FATHER	MOTHER
FULL NAME Reuel Cutler	FULL MAIDEN NAME Eleanor Stoker
RESIDENCE Ucon	RESIDENCE Ucon
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

(Signature) John O. Miller, MD
(Physician or Midwife)
Address Idaho Falls-Ida

Filed Feb 24 1913 [illegible]
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 30 1942

JUN 20 1966

396224-010-279

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Idaho Falls

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2027

File No. 11872

Registered No. 42

FULL NAME OF CHILD Norma Lee Bromley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 24 1913

FATHER

FULL NAME Edgar Bromley

RESIDENCE Idaho Falls Idaho

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Amphitheatre, N.Y.

OCCUPATION Traveling Salesman

MOTHER

FULL MAIDEN NAME Jennet Troyer

RESIDENCE Idaho Falls Ida.

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Lowville, N.Y.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed July 29 1913 [illegible] Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 3 1973

462-113-810-869

PLACE OF BIRTH
Amended 3-25-81

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital

Registration District No. 7

Primary Registration District No. 2027

File No. 11873

Registered No. 43

FULL NAME OF CHILD Wardell Horman Moss

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				yes	Feb 13 1913

FATHER		MOTHER	
FULL NAME	Joseph C Moss	FULL MAIDEN NAME	Clara L Horman
RESIDENCE	Ucon	RESIDENCE	Ucon
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Lake Park Utah	BIRTHPLACE	Poole Co Utah
OCCUPATION	Farmer Laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb 13, at 2 o'clock P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Newberry

Obstetrician
(Physician or midwife)

Address Ucon Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 7 1913

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH
Amended 3-25-81
County of

FEB 6 1981

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 25 2 32 PM '81

State of _____ } ss.
County of _____ }

Certificate No. 11873
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Elbert Moss (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 13, 1913 (Date of Event)

in Iona (Bonneville) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Elbert Moss	Wardell Horman Moss

Subscribed and sworn to before me this 5th day of March, 1981.

Notary Public, Florence Cartright

Residing at Boise

My commission expires Lifetime

(Seal)

Wardell H. Moss
Signature of Applicant

Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Supporting Signature

Street Address, City, State

In office - no prev. corresp. 3-5-81 fc

Honorable Discharge issued by the U. S. Navy gives name as Wardell Horman Moss seaman First Class bornFeb. 13, 1913, at Iona, Idaho. Discharged Dec. 12, 1945. Viewed by V.S.

Record of Blessing issued by the L.D.S.Church gives name as Wardell Horman Moss born February 13, 1913 at Iona, Idaho, to Joseph C. Moss and Clara L. Horman, Blessed Arpil 27, 1913. Record issued by Ward Clerk of the Rexburg Fifth Ward Viewed by V.S.

MAR 25 1981

SCS-12116-10-359 CHILD'S FIRST NAME ADDED 9-18-2008 CMW

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

* PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. Eagle Rock St.

Registration District No. 7 File No. 11874

Primary Registration District No. 2027 Registered No. 44

Hospital

FULL NAME OF CHILD HAROLD Van Epps

1913

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Y
Male	Single	One	yes	Feb 21 19

FATHER		MOTHER	
FULL NAME	Evard William Van Epps	FULL MAIDEN NAME	Chestie Christensen
RESIDENCE	Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	26 yrs (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Denmark
OCCUPATION	Landlord Butte Rooming House	OCCUPATION	Landlady Butte Rooming House

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 20 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or Midwife)

Address Idaho Falls, Idaho

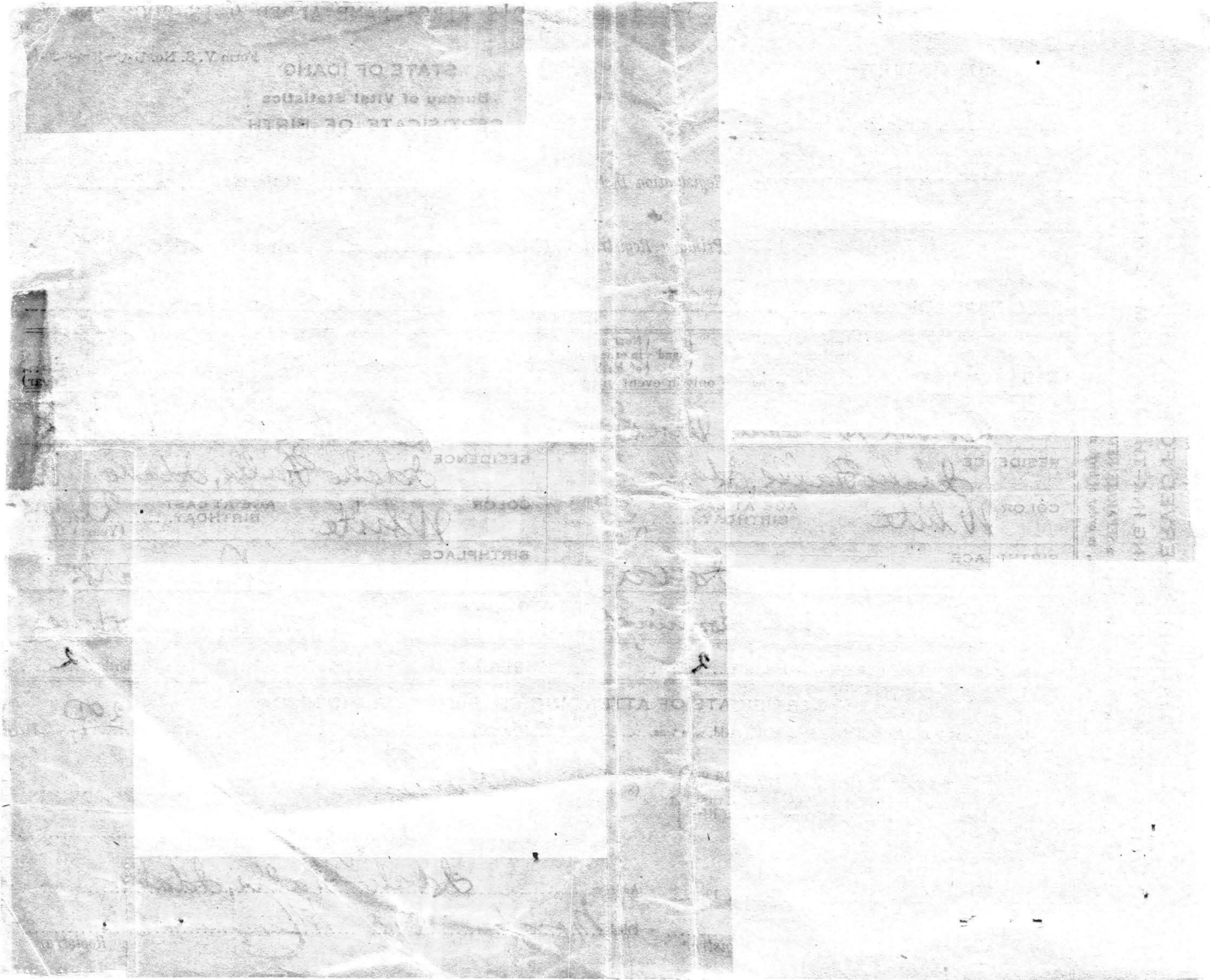
Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 6 1913 H Kinnear Registrar

S-Y CO., 16670



SEP 15 2008

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____ }

Certificate No. 13-11874

Date Filed March 6, 1913

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)

for baby boy Van Epps (Name on Original Certificate) who was born (Was Born, Died, etc.) on February 21, 1913 (Date of Event)

in Idaho Falls (Bonneville Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's given name	unlisted	Harold

STATE OF California

COUNTY OF Yolo

Subscribed and sworn to before me this 10th day of September, 2008

Notary Public, _____

Residing at Davis, CA

My commission expires July 27 2011
(Seal)

Verona Christensen
Signature of Applicant

5018 Sweigle Dr, Davis, CA 95618
Street Address, City, State and Zip

LANDON CHRISTENSEN
Commission # 1754433
Notary Public - California
Yolo County
My Comm. Expires Jul 27, 2011

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☒)

State of _____ } SS
County of _____ }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

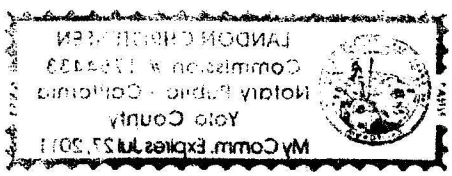
Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

05-14-08 ID DEATH CERT #1932-81583 HAROLD VAN EPPS VIEWED BY VS
ID BC #1933-214745 VERONA MAY VAN EPPS FATHER'S NAME: HAROLD VAN EPPS
(DIED DECEMBER 1932) VIEWED BY VS


LANDON C HEIDLEN
Commission # 1794433
Notary Public - California
Yolo County
My Comm. Expires Jul 27, 2011

69-123-010-219

Form V. S. No. 11-C—15m-6-29-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

11875

County of Bonneville

City of Idaho Falls

No. 346, Cliff St.

Registration District No. 7 File No.

Primary Registration District No. 2027 Registered No. 41—

Hospital

FULL NAME OF CHILD Donovan, Kimball, Fife

1913

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Male	Single (To be answered only in event of plural births)	One	Yes	Feb 23

FATHER		MOTHER	
FULL NAME	Guy Fife	FULL MAIDEN NAME	Emma Eliza Baron
RESIDENCE	Prospect, Idaho	RESIDENCE	Prospect, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27 yrs	AGE AT LAST BIRTHDAY (Years)	24 yrs
BIRTHPLACE	Providence, Utah	BIRTHPLACE	Brigham City, Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 6 1913 [illegible]

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 3 1 1975
DEC 1 1 1941

DECEASED

455.205.010-249

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7 File No. 11876

No. St.

Primary Registration District No. 227 Registered No. 46

Hospital

FULL NAME OF CHILD LaDosca Dennis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	Mar 5 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Samuel Dennis	FULL MAIDEN NAME	Sarah Smith
RESIDENCE	Idaho Falls Ida.	RESIDENCE	Idaho Falls Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Plainville Ind.	BIRTHPLACE	Meredon, N.Y.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature] Physician

(Physician or midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Mar 6 19 13 [signature]
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 28 1950

269-N1-032-261

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Heyburn

Registration District No. 29 File No. 11878

No. ..... St.

Primary Registration District No. 2102 Registered No. 17

Hospital .....

FULL NAME OF CHILD Baby Borders

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.				yes	2 - 11 1913

FATHER	MOTHER
FULL NAME J. F. Borders.	FULL MAIDEN NAME Elizabeth Smagerty
RESIDENCE Heyburn, Ida.	RESIDENCE Heyburn, Ida.
COLOR White AGE AT LAST BIRTHDAY 25 (Years)	COLOR White AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Ark.	BIRTHPLACE Ark.
OCCUPATION Farmer	OCCUPATION

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 12-30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed 3/10/ 1913 V. R. Killeen
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

814-127-034-344

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 11879

PLACE OF BIRTH

County of Minidoka

City of Minidoka

Registration District No. 29

No. ..... St.

Primary Registration District No. 2015

Registered No. 20

Hospital .....

FULL NAME OF CHILD Clifford J. Hammond

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
			Yes	2 27 1913

FATHER		MOTHER	
FULL NAME	M Jay Hammond	FULL MAIDEN NAME	Ella Cummings
RESIDENCE	Minidoka	RESIDENCE	Minidoka Nebraska
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Kenaga

Physician

(Physician or midwife)

Address Rupert

Given names added from a supplemental report

..... 19.....

Filed 3/10/ 1913 V. R. Killen

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 8 1933

113.215.03K-356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

Registration District No. 29 File No. 11880

No. ____ St.

Primary Registration District No. 2015 Registered No. 19

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	2 15 1913

FATHER		MOTHER	
FULL NAME	Harry Jackson	FULL MAIDEN NAME	Mabel Lewis
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Canada	BIRTHPLACE	New York
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kinney

Physician (Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

....19....

....
Registrar

Filed 3/10/1913 T R Killen
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-301537

545-13-234-586

Form V. S. No. 11-C—20m-3-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Minidoka

City of Minidoka

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 11881

Primary Registration District No. 2015 Registered No. 18

FULL NAME OF CHILD Rufus Marven Nungesser

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 13 1913

FATHER		MOTHER	
FULL NAME	Ralph Nungesser	FULL MAIDEN NAME	Rosa Thomas
RESIDENCE	Minidoka	RESIDENCE	Minidoka
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician

(Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/10/ 1913 E. R. Killeen Registrar

S-Y CO. 20174

122-104-072-266

PLACE OF BIRTH

County of Lincoln

City of Rupert

No. _____ St.

Hospital _____

STATE [redacted] Form V. S. No. 11-C—20m-9-15-13
BUREAU OF VI[redacted]TICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 11882

Primary Registration District No. 2015 Registered No. 16

FULL NAME OF CHILD William Wilson Abbott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 4 1913

FATHER		MOTHER	
FULL NAME	W. Claire Abbott	FULL MAIDEN NAME	Helen Rowley
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Printer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenyon

(Physician or midwife)

Address Rupert, Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 3/10/1913 F. R. Killam Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1955

666-104-032-569

PLACE OF BIRTH

County of Lincoln

City of Rupert

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 11883

Primary Registration District No. 2015 Registered No. 15

FULL NAME OF CHILD Loweee E. Woffinden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 4 1913

FATHER

FULL NAME Maurice Woffinden

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE England

OCCUPATION Electrician

MOTHER

FULL MAIDEN NAME Grace Norton

RESIDENCE Rupert

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kenyon

Physician (Physician or midwife)

Address Rupert Idaho

Filed 3/10/1913 V. R. Killen Registrar

Given names added from a supplemental report

....19....

.... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NAME		BIRTHDAY (Year)
RESIDENCE		AGE AT LAST
COLOR		

NAME		BIRTHDAY (Year)
RESIDENCE		AGE AT LAST
COLOR		

JAN 10 1944

235-103-032-133

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

No. ____ St.

Hospital ____

Registration District No. 29 File No. 11884

Primary Registration District No. 2015 Registered No. 14

FULL NAME OF CHILD Orville Allen Stevenson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 3 1913

FATHER		MOTHER	
FULL NAME	Austin J. Stevenson	FULL MAIDEN NAME	Kate Allen
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wyoming	BIRTHPLACE	Colorado
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Kennedy

Physician (Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3/10/1913

T. R. Killen
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1962

JAN 17 1975

230-(23:032-384)

PLACE OF BIRTH

Form V. S. No. 11-C. 20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lincoln

City of Rupert

Registration District No. 29

File No. 11885

No. ____ St.

Primary Registration District No. 2015

Registered No. 13

Hospital ____

FULL NAME OF CHILD Marie Babe Bloom

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	2 - 3 - 1913

FATHER		MOTHER	
FULL NAME	Benj. Bloom	FULL MAIDEN NAME	Lattie Lyman
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Illinois	BIRTHPLACE	Colorado
OCCUPATION	Laundryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. O. Kenney

Physician (Physician or midwife)

Address Rupert Idaho

Given names added from a supplemental report

....19....

Filed Mar. 10 1913

O. R. Killeen
Registrar

....
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss.

Certificate No. 11885
Date Filed June 17, 1944

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Manie Babe Bloom (Name on Original Certificate) who was born (Was Born or Died) on Feb. 3, 1913 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Manie Babe Bloom
		(Parents both deceased)

Subscribed and sworn to before me this 20th day of June, 1944
Notary Public, residing at Jackson Co.
My commission expires May 5, 45
(Seal)

Signed Emmett B. Bloom Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.
Subscribed and sworn to before me this 23rd day of June, 19.44
Notary Public, residing at Portland
My commission expires February 9th, 1948
(Seal)

Signed Velma Perkins Sister
(Signature of Any Credible Person)
(Street Address, City, State)
131 S. W. 4th Ave, Portland, Or.

JUL 1 1944

JUL 15 1944

JUL 6 1944

731-102-035-434

PLACE OF BIRTH

County of Nezperce

City of Gifford Ida

No. ____ St.

Hospital ____

STATE OF IDAHO [redacted] No. 11-C—20m-2-15-12

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11886

Primary Registration District No. 2074 Registered No. 23

FULL NAME OF CHILD Walter E. G Lasby

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	Single	Seven	yes	Feby 2nd 1913

FATHER	MOTHER
FULL NAME Geo. E. G Lasby	FULL MAIDEN NAME Hannah M. Lowell.
RESIDENCE Gifford Idaho.	RESIDENCE Gifford, Idaho.
COLOR White	AGE AT LAST BIRTHDAY 49 (Years)
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Minnesota	BIRTHPLACE Minnesota
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth Seven.

Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Harrington M.D.

(Physician or midwife)

Address Gifford, Idaho.

Given names added from a supplemental report

....19....

Filed 2-28 1913 E E Watts

Registrar

Mar. 10 1913 - D.J. Cashin

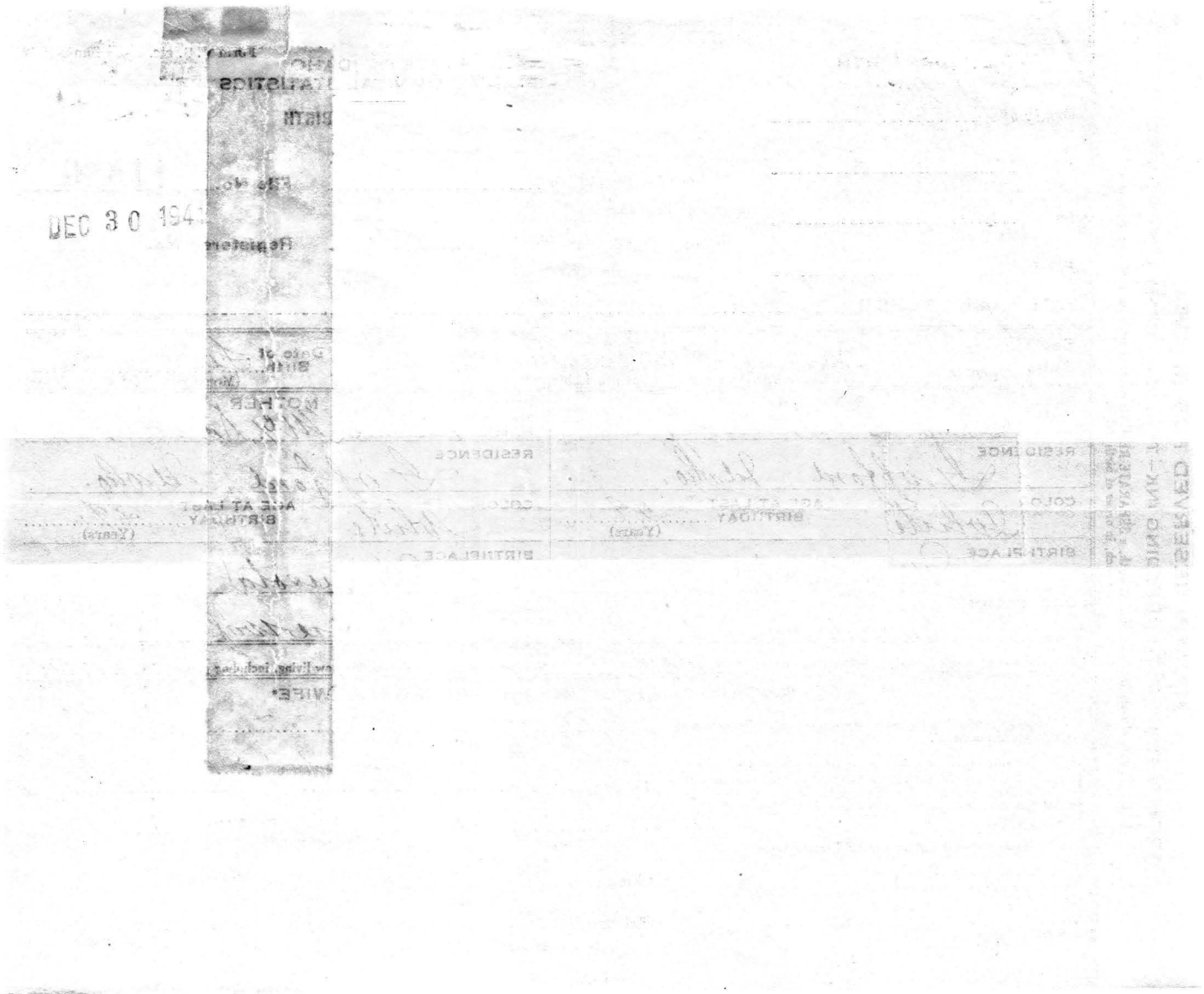
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


DEC 30 194

295-220-035-296

PLACE OF BIRTH

County of Nezperce.

City of Gifford Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11887

Primary Registration District No. 2074 Registered No. 24

FULL NAME OF CHILD Alice Kress

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	Single	3	Yes	Feby 20th 1913

FATHER	MOTHER
FULL NAME Adam Kress	FULL MAIDEN NAME May Brown
RESIDENCE Gifford, Idaho.	RESIDENCE Gifford, Idaho.
COLOR White AGE AT LAST BIRTHDAY 34 (Years)	COLOR White AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Indiana
OCCUPATION Farmer.	OCCUPATION Home Wife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 3-5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Address Gifford, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 2-28 1913 E. E. Watts Registrar

Mar. 10-13- R. Perkins

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAY 3 1973

3-14-20-1035-493

PLACE OF BIRTH

County of Nez Perce

City of Lewiston Orchards

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C

Registration District No. 16

File No. 11888

No. ..... St.

Primary Registration District No. 1009

Registered No. 25

Hospital .....

FULL NAME OF CHILD Lambert Edna Mae Lambert

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	2nd	Yes	3 7 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clifford Burnett Lambert	Belle Mulot
RESIDENCE	Orchards	Orchards
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Colo.	Mont.
OCCUPATION	Teamster	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Sawyer

Physician

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

..... 19.....

Registrar

Filed Mar. 10 19 13 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

United States Department of Commerce Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Nez Perce (b) City Lewiston
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home:
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Nez Perce
(c) City Lewiston
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho?
3. RESIDENCE OF FATHER (city, state) Lewiston, Ida

4. FULL NAME OF CHILD Edna May Lambert

5. Date of Birth of Child (Month, day, year) Feb. 7, 191

6. Sex Female

7. Twin or Triplet If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Clifford Clarence Lambert
11. Color or Race White
12. Age at time of THIS birth Colored yrs.
13. Birthplace Roosevelt Colorado (City or town) (State or foreign country)
14. Exact Occupation Railroad man
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Belle Melot
17. Color or Race White
18. Age at time of THIS birth y
19. Birthplace Idaho (City or town) (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was alive (Born alive, stillborn) at M. on the da
and at the place stated above, and that personal particulars were furnished by (First name) (Last name), who related to this child as (Mother, etc.)

25. Attendant's **OWN** signature Leila L. Riggs ~~M.D.~~ Midwife Address Lewiston, Ida Date Feb. 25-

State of } ss.
County of }

AFFIDAVIT to be completed when the attendant does not si in Item 25.

I, the undersigned, being first duly sworn, say that I am the (Mother, etc.) of the person whose name appea in Item 4, above, that I am now years of age, that I have known this person for years, and th (First name) (Last name), who attended this birth (Is now deceased) or (Cannot be located). I further state th the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded und

Chapter 139, 1937 Session Laws

postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified nce payment of fifty cents, money order or coin.

MAR 13 1942

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-01-035-192

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nezperce

City of Melrose, Idaho

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11889

Primary Registration District No. 2074 Registered No. 26

FULL NAME OF CHILD Samuel Walter Gardam

Sex of Child	Twin Triplet or other	Number in order of birth	Legitimate?	Date of Birth
Boy	Triple (To be answered only in event of plural births)	4	yes	Feby 17th 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Sam G. Gardam	FULL MAIDEN NAME Gertie Disk
RESIDENCE Melrose, Idaho	RESIDENCE Melrose, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Nebraska	BIRTHPLACE Missouri
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was living (Born alive or stillborn) at 6. a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.

(Physician or midwife)

Address Gifford Idaho

Given names added from a supplemental report

....., 19.....

Filed 2-28 19 13 E. E. Watts Registrar

....., Registrar

Mar. 10 1913 R. J. Perkins

S-Y CO. 20174

453-116-035-844

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 723, New 16th St.

Hospital

Registration District No. 16 File No. 11890

Primary Registration District No. 1009 Registered No. 97

FULL NAME OF CHILD Edgar Eugene Decker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	— and —	—	Yes	Feb 16, 1913

FATHER		MOTHER	
FULL NAME	Anthony Decker	FULL MAIDEN NAME	Carrie May Humphrey
RESIDENCE	Lewiston Ida	RESIDENCE	Lewiston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M. D.

(Physician or Midwife)

Address Lewiston Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar. 10 1913 S. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 26 1950

818-119-035-754

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 1C

File No. 11891

No. ____, ____ St.

Primary Registration District No. 1009

Registered No. 28

Hospital ____

FULL NAME OF CHILD MILTON [redacted] Haynes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and { Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2, 19, 1913

FATHER	MOTHER
FULL NAME: Harry A. Haynes	FULL MAIDEN NAME: Julia Eliz. Pemberton
RESIDENCE:	RESIDENCE:
COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Nebr.
OCCUPATION: Clerk	OCCUPATION: Housemaker

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 6-10 A. M. on the date above stated.

(Signature) E. A. Ludden

(Physician or Midwife)

Address 508 Main St. Lewiston, Ida

Filed Mar 10 1913 L. J. Perkins

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 11891

FEB 9 1942

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Milton Freeman Haynes (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 19, 1913 (DATE OF EVENT)
in Lewiston, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by My knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Milton Howard Haynes	Milton F. Haynes
		Milton Freeman Haynes

Subscribed and sworn to before me this 3
day of Feb, 1942
Notary Public, residing at Ellensburg
My commission expires .....
(SEAL)

Signed H. Haynes Father
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
206 So. Pearl, Ellensburg, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Nez Perce }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5
day of Feb 1942
Helen M. Wilson
Notary Public, residing at Lewiston Ida
My commission expires 1-12-46
(SEAL)

Signed Lester R. Haynes
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
924 Riverview Blvd. Clarkston Wash
(STREET ADDRESS, CITY, STATE)

Received for filing on FEB 9 1942 By .....
(REGISTRAR'S SIGNATURE)

FEB 18 1942

FEB 18 1942

OCT 31 1974

367/20 · 075 · 795

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—1000-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lapwai

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No 11892

Primary Registration District No 217 Registered No 29

FULL NAME OF CHILD Everett Green Loper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	2 20 1912

FATHER		MOTHER	
FULL NAME	Thomas Loper	FULL MAIDEN NAME	Emory Green
RESIDENCE	Lapwai	RESIDENCE	Lapwai
COLOR	W	AGE AT LAST BIRTHDAY (Years)	44
COLOR		AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Kan	BIRTHPLACE	Ore
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.2 M. on the date above stated.

(Signature) John N. Alley

(Physician or Midwife)

Address ____

Filed Mar. 16 1913 R. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

Feb 21 19 17

John N. Alley Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

168-120-235-487

PLACE OF BIRTH

County of Ada

City of Garretta

No. ____ St.

Hospital ____

FULL NAME OF CHILD Vandiery Johnson

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11893

Primary Registration District No. 2076 Registered No. 30

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	March 20 1913

FATHER

FULL NAME Fred M. Johnson

RESIDENCE Garretta

COLOR White AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Leona Dysart

RESIDENCE Garretta

COLOR White AGE AT LAST BIRTHDAY 16 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. W. Stoneburner M.D.

(Physician or midwife)

Address Yeland Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Mar. 1 1913 J. H. Stoneburner Registrar

Mar. 10-1913 S. J. P. Ellis

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 24 1942

534-21-1035-962

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

F. V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 11894

No. ____, ____ St.

Primary Registration District No. 1009

Registered No. 31

Hospital

FULL NAME OF CHILD Viviana May Eldredge

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female		1st	Yes	October 1 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME	Hiram Eldredge	Beulah Robinson
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	W
AGE AT LAST BIRTHDAY	24 (Years)	21 (Years)
BIRTHPLACE	Devils Lake N.D.	Missouri
OCCUPATION	Express Agent	Housework

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 11-30 A.M. on the date above stated.

(Signature) J. P. Bourne M.D.

(Physician or Midwife)

Address Lewiston Ida

Filed Mar. 10 19 13 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BIND..

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT ..

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 5 1943

364-21-035-391

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1124 Idaho St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11895

Primary Registration District No. 1009 Registered No. 32

FULL NAME OF CHILD Mildred Florence Coffeen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2, 21, 1913

FATHER		MOTHER	
FULL NAME	Chas. C. Coffeen	FULL MAIDEN NAME	Florence Bell Cram
RESIDENCE	1124 Idaho St.	RESIDENCE	Lewiston
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Spokane	BIRTHPLACE	New York
OCCUPATION	Candymaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive) or ~~stillborn~~ at 9-10 A.M. on the date above stated.

(Signature) E. C. Todd

(Physician or ~~Midwife~~)

Address Lewiston, Ida.

Filed May 10 1913 L. J. Perkins Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 17 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

23022 1-035-993

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 11896

County of NezPerce

City of Gifford

No. ____ St.

Registration District No. 16

Primary Registration District No. 2074

Registered No. 93

Hospital ____

FULL NAME OF CHILD (died) Unnamed

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	S		X	yes	2/ 21 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Wm E.Stoddard	FULL MAIDEN NAME Mary A Richards
RESIDENCE Gifford	RESIDENCE Gifford
COLOR White	AGE AT LAST BIRTHDAY 43 (Years)
	COLOR White AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Mich	BIRTHPLACE Wisconsin
OCCUPATION Undertaker	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2/30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E. Watts

(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20174

Filed 2-21 1913 E.E. Watts Registrar

Mar. 10, 1913 L.J. Cerbus

439-122-035-454

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. St. Joseph's Hospital St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 11898

Primary Registration District No. 1009 Registered No. 35

FULL NAME OF CHILD Donald Joseph McRae

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	2	Yes	Feb 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	B. J. McCrae McRae	Mary E Dempsey
RESIDENCE	Nez Perce	Nez Perce
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	31
BIRTHPLACE	Canada	Minn
OCCUPATION	Broker	Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Morris

(Physician or ~~Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mar 10 19 13 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

NOV 1 1966

689-124.035-258

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 11899

No. ____, ____ St.

Primary Registration District No. 1009 Registered No. 36

Hospital

FULL NAME OF CHILD Claude Clifton Whipple, Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1st	yes	Feb 24th 1913

	FATHER	MOTHER
FULL NAME	Clayd C. Whipple	Ethel E. Snyder
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	W
AGE AT LAST BIRTHDAY	28 (Years)	30 (Years)
BIRTHPLACE	Chicago Ill	Medina Berg Ohio
OCCUPATION	Railroadman	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. P. Warner

Lewiston Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....

Registrar

Address .....

Filed Mar. 10 19 13 L. J. Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 1 4 1975

455-126-035-94

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 11900

No. 1136, Idaho St.

Primary Registration District No. 1009 Registered No. 37

Hospital

FULL NAME OF CHILD Denney, Dennis Edd

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	2	Yes	Feb. 26, 1913

FATHER		MOTHER	
FULL NAME	R. B. Denney	FULL MAIDEN NAME	Myrtle Runyan
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Kas.	BIRTHPLACE	Neb.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Lawson

Physician

(Physician or Midwife)

Address Lewiston

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar. 10 19 13 R. J. Parker
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 6 1942

253-126-635-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1C File No. 11901

Primary Registration District No. 217 Registered No. 38

FULL NAME OF CHILD Emil Beck Jr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		6	Yes	2 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emil Beck	Ida Mae Simpson
RESIDENCE	Lewiston	Lewiston
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	45	28
BIRTHPLACE	Norway	Sweden
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Emil Beck Alive at 12 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Allen

(Physician or Midwife)

Address Lewiston, Ida

Given names added from a supplemental report

H. P. Kabel, 19...

D. Graham N. Allen
Registrar

Filed Mar 10 1913 L. J. Carlson
Registrar

SYMS—YORK CO., PRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WHITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 11902

No. ....., ... St.

Primary Registration District No. 1009 Registered No. 39

Hospital St. Joseph's

FULL NAME OF CHILD Robert Dale Lyon

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	—	Yes	Jan 27, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Benjamin F. Lyon	FULL MAIDEN NAME	Donna Perry
RESIDENCE	Lewiston Ida.	RESIDENCE	Lewiston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	New York.	BIRTHPLACE	Des Moines Iowa.
OCCUPATION	Cook & Waiter.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M. D.

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Mar. 10 19 13 L. J. Perkins

S-Y CO., 16670

Registrar

Registrar

FEB 12 1954

299-210-007-812

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21 File No. 11903

No. ____ St.

Primary Registration District No. 7022 Registered No. 11

Hospital ____

FULL NAME OF CHILD ~~Not named~~ Kirtley, Muriel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		5	~~No~~	Feb. 10 1913

FATHER		MOTHER	
FULL NAME	Ed. Kirtly	FULL MAIDEN NAME	Nita York
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Missouri	BIRTHPLACE	Texas
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 2-5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen MD

J. Ellen Todd

(Physician or midwife)

Address ____

Given names added from a supplemental report

....19....

Filed Feb 13 19 13

Robert H. Hughes

Registrar

....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

ACKNOWLEDGEMENT

STATE OF IDAHO, }
County of Blaine, } ss.

On this 20th day of April, 19 67

before me, J. W. DAVIES, a Notary Public,

in and for said State, personally appeared LOIS K. McCANN

known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed the same.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal on the day and year in this certificate above written.

J. W. Davies

Notary Public, Residing at Hailey, Idaho

Idaho State College, Pocatello, Idaho, grade Transcript, copy issued Aug. 13, 1956 entered 1954 - gives full name as Muriel Kirtley Divine, born Feb. 10, 1913 at Bellevue, Idaho to Edwin Kirtley and Nita Higginson - viewed by V.S.

Photo Copy of Page from Family Record, appears old and unaltered gives full name as Murile Jaunita Kirtley, born in Bellevue, Idaho - viewed by V.S.

April 20, 1967

HAILEY, IDAHO
COUNTY OF BLAINE

TO WHOM IT MAY CONCERN:

I, Lois K. McCann, of Bellevue, Idaho, am seventy-two years of age and reside in Bellevue, Idaho. I am the Sister of Muriel Kirtley Divine who was born February 10, 1913, in Bellevue, Idaho. I state also that I was present at the date of her birth.

Lois K. McCann

Lois K. McCann

APR 27 1967

317-103607-766

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carnal

No. ____, ____ St.

Hospital ____

Registration District No. 21 File No. 11904

Primary Registration District No. 2023 Registered No. 12

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2 3 1913

FATHER	MOTHER
FULL NAME Winifred Carpenter	FULL MAIDEN NAME Lovey Low
RESIDENCE Carnal Ida	RESIDENCE Carnal Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Mo	BIRTHPLACE Ore
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 2-3-1913, at 8 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Briggs

Physician

(Physician or Midwife)

Address Soldier Pla

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 2/11 19 13 [signature] Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-20-13

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

962-104007-155

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 11905

County of Blaine

City of Manard

Registration District No. 21

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 13

Hospital ____

FULL NAME OF CHILD LaVella Robinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	2, 4, 1913

FATHER		MOTHER	
FULL NAME	John L Robinson	FULL MAIDEN NAME	Annett Jenkins
RESIDENCE	Manard Ida	RESIDENCE	Manard Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 2-4-1913, at 3 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Scott M. Griggs

Physician (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

....., 19....

Filed 7/11 19 13 Robert M. Greig

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1913-224315
1913-224041

415 [illegible]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Manard

Registration District No. 21

File No. 11906

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 14

Hospital ____

FULL NAME OF CHILD Laura Davis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	2 8 1913

FATHER		MOTHER	
FULL NAME	A D Davis	FULL MAIDEN NAME	Mary Davis
RESIDENCE	Manard Idaho	RESIDENCE	Manard
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2 8 1913 (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Briggs

Physician (Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

..... 19.....

Filed 3/15 1913 W. Dewitt Briggs Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 1966

168-21-007-495

PLACE OF BIRTH

Form V. S. No. 11-C—15 m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hill City

Registration District No. 21

File No. 11907

No. ____, ____ St.

Primary Registration District No. 2029

Registration No. 15

Hospital

FULL NAME OF CHILD Phyllis Johnston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
F			Yes	2	11	1913

FATHER		MOTHER	
FULL NAME	Alton Johnston	FULL MAIDEN NAME	Vergie Hook
RESIDENCE	Hill City Ida	RESIDENCE	Hill City Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Va
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2-11-1913, at 1 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt P. Higgs

Physician
(Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

....., 19.....

Filed 3/20 19 13 P. W. Hollingshead
Registrar

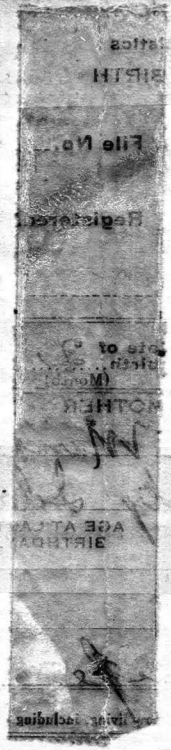
.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAR 2 1971

14-226-007-559

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Manard

Registration District No. 21

File No. 11908

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 16

Hospital Ernest

FULL NAME OF CHILD Louise Adams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	2 26 1913

FATHER		MOTHER	
FULL NAME	Lewis A Adams	FULL MAIDEN NAME	Hazel Nelson
RESIDENCE	Manard Ida	RESIDENCE	Manard Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 2-26-1913 at 6 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt P. Huggs

Physician
(Physician or Midwife)

Address Soldier Ida

Filed 3/30 19 13 P. DeWitt Huggs Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-121007-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Blaine

City of Ketchum

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 11909

Primary Registration District No. 2022 Registered No. 17

FULL NAME OF CHILD no name Chester Harold Parker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	Feb 21 1913

FATHER		MOTHER	
FULL NAME	H. C. Parker.	FULL MAIDEN NAME	Mary Schultz
RESIDENCE	Ketchum Idaho	RESIDENCE	Ketchum
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Ketchum Idaho
OCCUPATION	Miner	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Raal M.D (Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed 2/25 1913

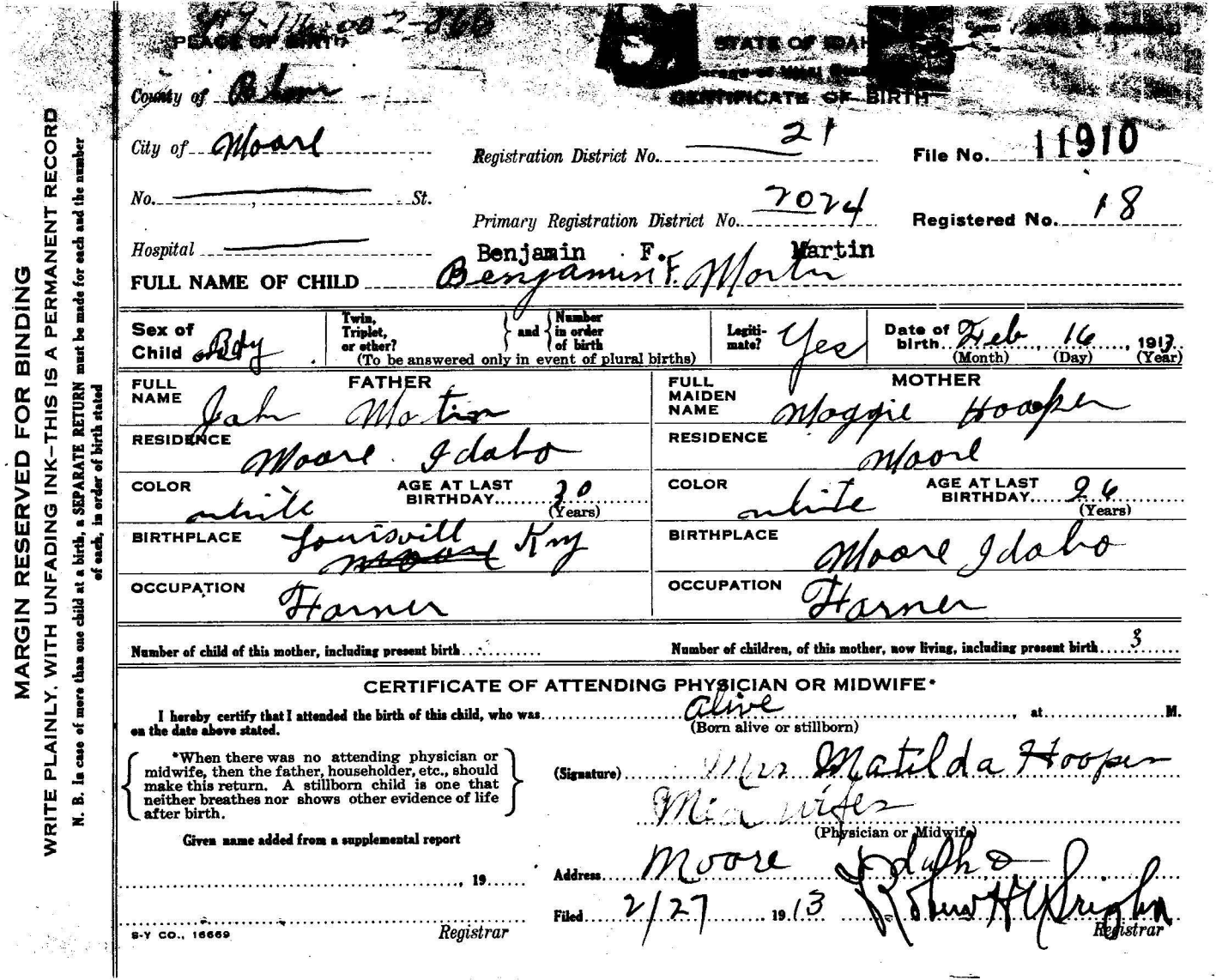
..... Registrar

Registrar

8-Y CO. 20174

NOV 19 1971

13-13-41



PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

County of Bear Lake

City of Moore — Registration District No. 21 — File No. 11910

No. ——— St. — Primary Registration District No. 2024 — Registered No. 18

Hospital ———

FULL NAME OF CHILD Benjamin F. Martin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				Yes	Feb 16 1913

FATHER		MOTHER	
FULL NAME	John Martin	FULL MAIDEN NAME	Maggie Hooper
RESIDENCE	Moore Idaho	RESIDENCE	Moore
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Louisville ~~Missouri~~ Ky	BIRTHPLACE	Moore Idaho
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth ———

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ——— M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

——— 19——

——— Registrar

(Signature) Mrs Matilda Hooper

Mid wife

(Physician or Midwife)

Address Moore Idaho

Filed 2/27 19 13 Edward H Krogh Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Gr
tatios

STATE OF ILL

RESERVED FOR BINDING

United States Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 119
Local Reg. No.
Reg. Dist. No.

1. PLACE OF BIRTH (All items at time of this birth)
(a) County Butte (b) City Arco
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: Home
(e) Mother's stay **BEFORE** delivery: IN **THIS** county years months days

2. USUAL RESIDENCE OF MOTHER (At time of this bi
(a) State Idaho (b) County Butte
(c) City Arco
(d) Street Address or R.F.D. No. —
(e) How long has **MOTHER** lived in Idaho? Life

3. RESIDENCE OF FATHER (city, state)

4. FULL NAME OF CHILD ~~Jan~~ Benjamin F. Martin

5. Date of Birth of Child (Month, day, year) Feb 16, 19

6. Sex

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnacy

9. Legitimate?

FATHER OF CHILD

10. FULL NAME Mate John Henry Martin

11. Color or Race White

12. Age at time of THIS birth 29 yrs.

13. Birthplace Wheeling W. Va.
(City or town) (State or foreign country)

14. Exact Occupation Farmer

15. Industry or Business Farm

MOTHER OF CHILD

16. FULL MAIDEN NAME Mae Hooper

17. Color or Race White

18. Age at time of THIS birth 2

19. Birthplace Lost River Idaho
(City or town) (State or foreign cou

20. Exact Occupation Housewife

21. Industry or Business Home

22. Name prophylactic used to prevent Ophthalmia Neonatorum 0

23. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now livin

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was born alive at 12:30 A M. on t
(Born alive, stillborn)

and at the place stated above, and that personal particulars were furnished by Mother
(First name) (Last name)
related to this child as Mother,
(Mother, etc.)

25. Attendant's **OWN** signature M.D. Midwife Address Date

State of Idaho
County of Bingham } ss.

AFFIDAVIT to be completed when the attendant does n in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother of the person whose name a
(Mother, etc.)
in Item 4, above, that I am now 35 years of age, that I have known this person for 29 years, ar
O. V. Mason, who attended this birth Recorded. I further sta
(First name) (Last name) (Is now deceased) or (Cannot be located)
the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded Chapter 139, 1937 Session Laws.

Mary H. M. Reid Sig

P. O. A

SEP 8 1975

Subscribed and sworn to before me this 17 day of Jan, 19 42

(SEAL) Leon Hagerman Notary Public, residing at Blackfoo

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

1942

Received for filing on 4 by , Reg

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

415-11-007-619

PLACE OF BIRTH

County of Blaine

City of Arco

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 21 File No. 1191

Primary Registration District No. 2024 Registered No. 19

FULL NAME OF CHILD Albert Ersel Mann

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	X	X	yes	Feb. 12 1913

FATHER		MOTHER	
FULL NAME	Albert Mann	FULL MAIDEN NAME	Mary Margaret Waite
RESIDENCE	Arco	RESIDENCE	Arco
COLOR	W.	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Arco
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth: Second

Number of children of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Heathcock M.D.

(Physician or Midwife)

Address Arco, Ida.

Given name added from a supplemental report

..... 19.....

..... Registrar

Filed 2/20 19 13

Registrar

S-Y CO., 16669

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 26 1942

[redacted] 205-25-261

[redacted] IRTH

STATE OF IDAHO

Form V. S. No. H-[redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ida ho

City of Whitebird

Registration District No. 10

File No. 11912

No. ____, ____ St.

Primary Registration District No. 2041

Registered No. 292

Hospital ____

FULL NAME OF CHILD Marion Newman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	twin	2	yes	Feb 5, 1913

FATHER		MOTHER	
FULL NAME	Homer Ray Newman	FULL MAIDEN NAME	Marion Swarty
RESIDENCE	Whitebird	RESIDENCE	Whitebird Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Haskett

Physician (Physician or Midwife)

Address Whitebird Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mch 16 1913

Jesse L Rains
Registrar

S-Y CO., 16670

PERMANENT RECORD

made for each and the number

FEB 16 1965

55-2025-025-261

PLACE OF BIRTH

County of Idaho

City of Whitebird

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 11913

Primary Registration District No. 2041 Registered No. 291

FULL NAME OF CHILD Mary Newman

Sex of Child F | Twin Triplet or other? Twin } and { Number in order of birth 1 & 2 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Feb (Month) 6 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Homer Ray Newman	FULL MAIDEN NAME Maroon Swartz
RESIDENCE Whitebird	RESIDENCE Whitebird Ida
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Washington	BIRTHPLACE Idaho
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or midwife)

Address Whitebird

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mch 16 1913 Essie L Rains
Registrar

8-Y CO. 20174

MARRIAGE CERTIFICATE FOR BINDING

WRITE PLAINLY, WITH INK, AND MAKE A PERMANENT RECORD

N. B. In case of more than one birth, a separate certificate must be made for each and the number

437-205-025-863

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C [redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird

Registration District No. 10 File No. 11914

No. ____, ____ St.

Primary Registration District No. 2041 Registered No. 290

Hospital ____

FULL NAME OF CHILD Mabel Muriel McGaffee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Jan 5, 1913

FATHER		MOTHER	
FULL NAME	William Ellis McGaffee	FULL MAIDEN NAME	Flora Mabel Holcombe
RESIDENCE	White Bird	RESIDENCE	White Bird
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	California	BIRTHPLACE	Wisconsin
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Foskett

Physician (Physician or Midwife)

Address White Bird Ida

Given names added from a supplemental report

..... 19 13.

Filed Mch. 16 1913 Rose L. Raines Registrar

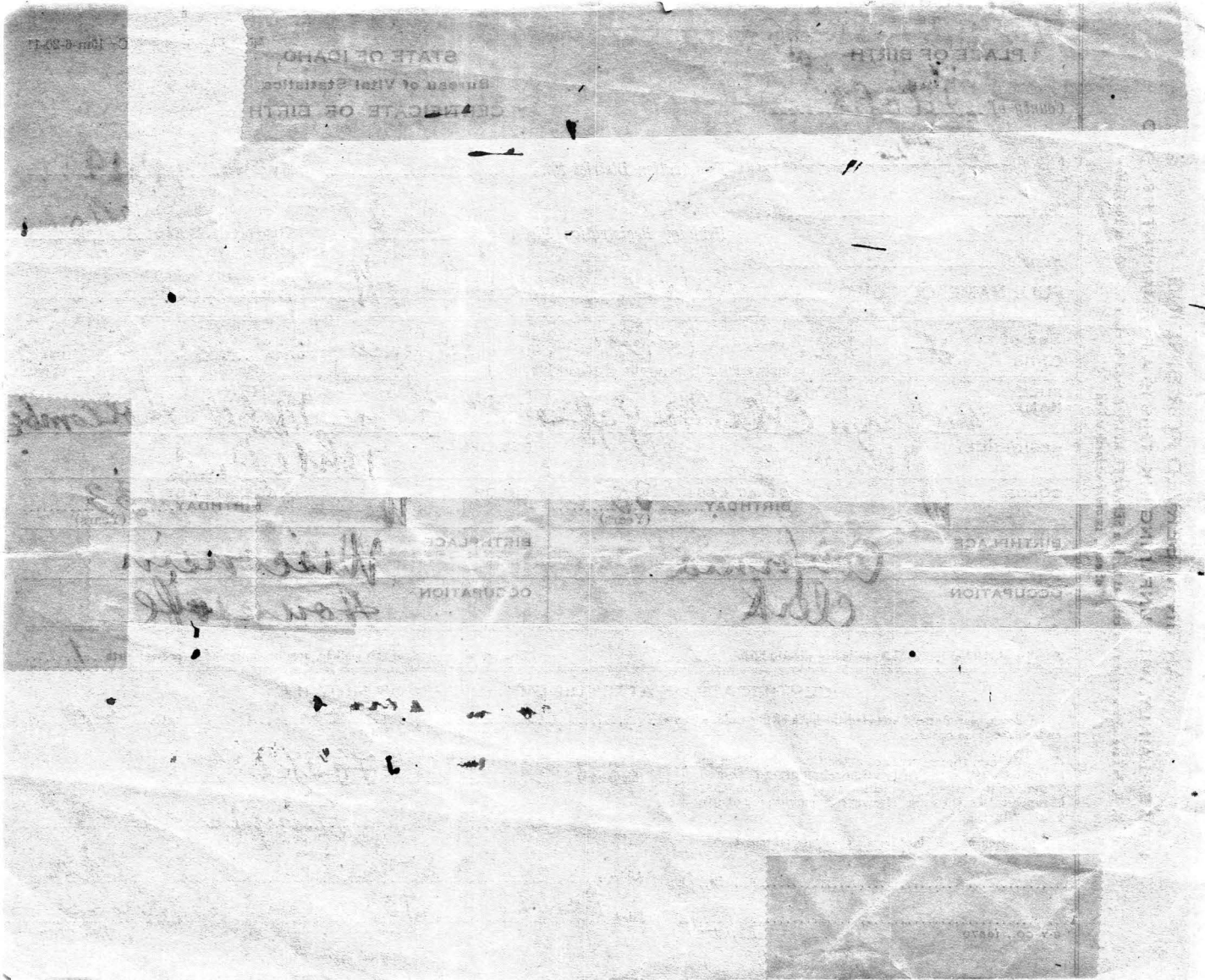
..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



146-116 [redacted] 185

PLACE [redacted]

STATE OF IDAHO [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of near Clagstone

Registration District No. 8

File No. 11915

No. ..... St.

Primary Registration District No. 2036

Registered No. 234

Hospital .....

FULL NAME OF CHILD Joseph Alfred Dupre

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M	Sing		Yes	3 (Month) - 16 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Julius Dupre	FULL MAIDEN NAME: Caroline Ayer
RESIDENCE: near Clagstone	RESIDENCE: near Clagstone
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Switzerland
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren S. Moon M.D.

(Physician or midwife)

Address Spirit Lake Ida.

Given names added from a supplemental report

..... 19.....

Filed April 19 13 M. McKinnon

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Duplicate voided
1913. 314770

165-12-209

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Clagstone

No. ____ St.

Registration District No. 8 File No. 11916

Primary Registration District No. 2036 Registered No. 344

Hospital ____

FULL NAME OF CHILD Geo. Alfred Jones

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Sing		yes	3 - 24 1913

FATHER		MOTHER	
FULL NAME	Louis Jones	FULL MAIDEN NAME	Elizabeth Wright
RESIDENCE	Clagstone	RESIDENCE	Clagstone
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Michigan	BIRTHPLACE	Michigan
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren Moore M.D.

(Physician or midwife)

Address Post Lake Ida

Filed Feb 10 13 M. McKinnon

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted]

25/-230-009-434

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Hope

No. ____, ____ St.

Hospital ____

Registration District No. 8

File No. 11917

Primary Registration District No. 2035

Registered No. 347

FULL NAME OF CHILD Louise C. Beathe.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	1	Yes	3 — 30 — 1913

FATHER	MOTHER
FULL NAME: Lonie C. Beath	FULL MAIDEN NAME: Elizebeth McMurray.
RESIDENCE: Hope, Idaho.	RESIDENCE: Hope, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Verginia.	BIRTHPLACE: Kansas.
OCCUPATION: Contracter	OCCUPATION: House-wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7-30- A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. T. Harris, M. D

Physician (Physician or Midwife)

Address Hope, Idaho,

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 6 19 13 M McKinnon Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 30 1943

635-12-1009-635

Form V. S. No. 11-C—25m-1-1-18

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonner

City of Bonners Ferry

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11918

Primary Registration District No. 2034 Registered No. 345

FULL NAME OF CHILD Ole Evert Oleson

Sex of Child male | Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Nov. 27 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Ole Oleson

RESIDENCE Bonners Ferry

COLOR W. AGE AT LAST BIRTHDAY 46 (Years)

BIRTHPLACE Sweden.

OCCUPATION Laborer.

MOTHER

FULL MAIDEN NAME Caroline Oleson.

RESIDENCE Bonners Ferry.

COLOR W. AGE AT LAST BIRTHDAY 32. (Years)

BIRTHPLACE Sweden.

OCCUPATION Housewife.

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3:10 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. Fry

Physician

(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Nov. 27 19 13.

..... Registrar

S-Y CO. 24655

Registrar

DUP OF 1913 330456

331-22-3-009-352

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry Registration District No. 8 File No. 11919

No. ____ St. Primary Registration District No. 2034 Registered No. 342

Hospital ____

FULL NAME OF CHILD Bertha Mae Clapp.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	— (To be answered only in event of plural births)	—	Yes	Mar. 23 (Month) (Day) 1913. (Year)

FATHER		MOTHER	
FULL NAME	Ralph E. Clapp.	FULL MAIDEN NAME	Agnes M. Tesarik.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	18. (Years)
BIRTHPLACE	Wash.	BIRTHPLACE	Wash.
OCCUPATION	Hotel proprietor.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 A. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician (Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....19....

Filed Mar. 25 1913. E. E. Fry.

....Registrar

8-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 24 1962

JAN 2 1975

685-1190009-319

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Bonners Ferry

Registration District No. 8 File No. 11920

No. ____ St.

Primary Registration District No. 2034 Registered No. 340

Hospital ____

FULL NAME OF CHILD Byron Raphael Wheeler.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 19 1913

FATHER		MOTHER	
FULL NAME	Alfred B. Wheeler	FULL MAIDEN NAME	Nellie B. Carey
RESIDENCE	Bonners Ferry, Idaho.	RESIDENCE	Bonners Ferry, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	St. Charles, Minnesota	BIRTHPLACE	Beltrami, Minnesota
OCCUPATION	Railway Brakeman (G.N).	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10:05 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer, M.D.
Physician
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

....., 19.....

Filed Mar 20 1913 E. E. Fry
Registrar

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 22 1973

c.c. 6/9/41. w.h.

312-21-1009-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonner

~~City of~~ near Bonners Ferry

No. ..... St.

Hospital .....

Registration District No. 8 File No. 11921

Primary Registration District No. 2034 Registered No. 238

FULL NAME OF CHILD Lucy Casanova

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	March 17 1913

FATHER		MOTHER	
FULL NAME	John Casanova	FULL MAIDEN NAME	Sophie M. Staub
RESIDENCE	near Bonners Ferry, Ida	RESIDENCE	near Bonners Ferry Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth II

Number of children of this mother now living, including present birth II

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:45 AM on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leslie J. Stauffer

Physician
(Physician or midwife)

Address Bonners Ferry Idaho

Given names added from a supplemental report.

..... 19.....

Filed Mar. 17 1913 E. E. Fine
Registrar

..... Registrar

S-Y CO. 24655

COLOR	BIRTHDAY AGE AT LAST	COLOR	BIRTHDAY AGE AT LAST
RESIDENCE		RESIDENCE	

JUL 19 1944

312-21-3-09-862

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. 8 File No. 11922

Primary Registration District No. 2034 Registered No. 335

FULL NAME OF CHILD Mary Elizabeth Laschinger.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes.	Mar. 13 1913

FATHER		MOTHER	
FULL NAME	Chas. J. Laschinger	FULL MAIDEN NAME	Clara Hossick.
RESIDENCE	Bonners Ferry	RESIDENCE	Bonners Ferry
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	38.	AGE AT LAST BIRTHDAY (Years)	27.
BIRTHPLACE	Ontario.	BIRTHPLACE	Manitoba.
OCCUPATION	Clerk (grocery)	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 6.20 P. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. E. Fry.

Physician.
(Physician or midwife)

Address Bonners Ferry, Ida.

Given names added from a supplemental report.

..... 19.....

Filed Mar. 16 1913. E. E. Fry.

..... Registrar

S-Y CO. 24655 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1962

AUG 30 1973

656-22-0092-356

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—16m-[illegible]

Registration District No. 8 File No. 11923

Primary Registration District No. 2033 Registered No. 322

FULL NAME OF CHILD Rosa Ellen Froco.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	2nd	yes.	Jan. 31, 1913

FATHER		MOTHER	
FULL NAME	Ralph Froco	FULL MAIDEN NAME	Louise Leonora
RESIDENCE	Sandpoint Idaho.	RESIDENCE	Sandpoint Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	16.
BIRTHPLACE	Ohio	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) A. T. Page M.D.

(Physician or Midwife)

Address Sandpoint Idaho

Filed Apr 6 19 33 M. McKinnon Registrar

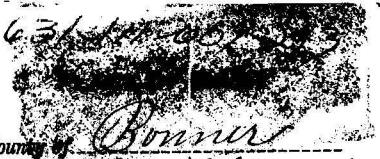
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 20 1942



U. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, etc.

County of Bonner

City of Sandpoint

No. 310 S Euclid St.

Registration District No. 8 File No. 11924

Primary Registration District No. 2033 Registered No. 352

Hospital

FULL NAME OF CHILD Harold Hayes ~~Flanery~~ Flanery

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar 11 1913

FATHER		MOTHER	
FULL NAME	Louis Patton Flanery	FULL MAIDEN NAME	Mary Ann Ballou
RESIDENCE	Sandpoint Idaho	RESIDENCE	Sandpoint Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Scott Co, Va	BIRTHPLACE	Pulaski Co Ky,
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Delbert F. Miller

Osteopathic Physician (Physician or midwife)

Address Sandpoint Idaho

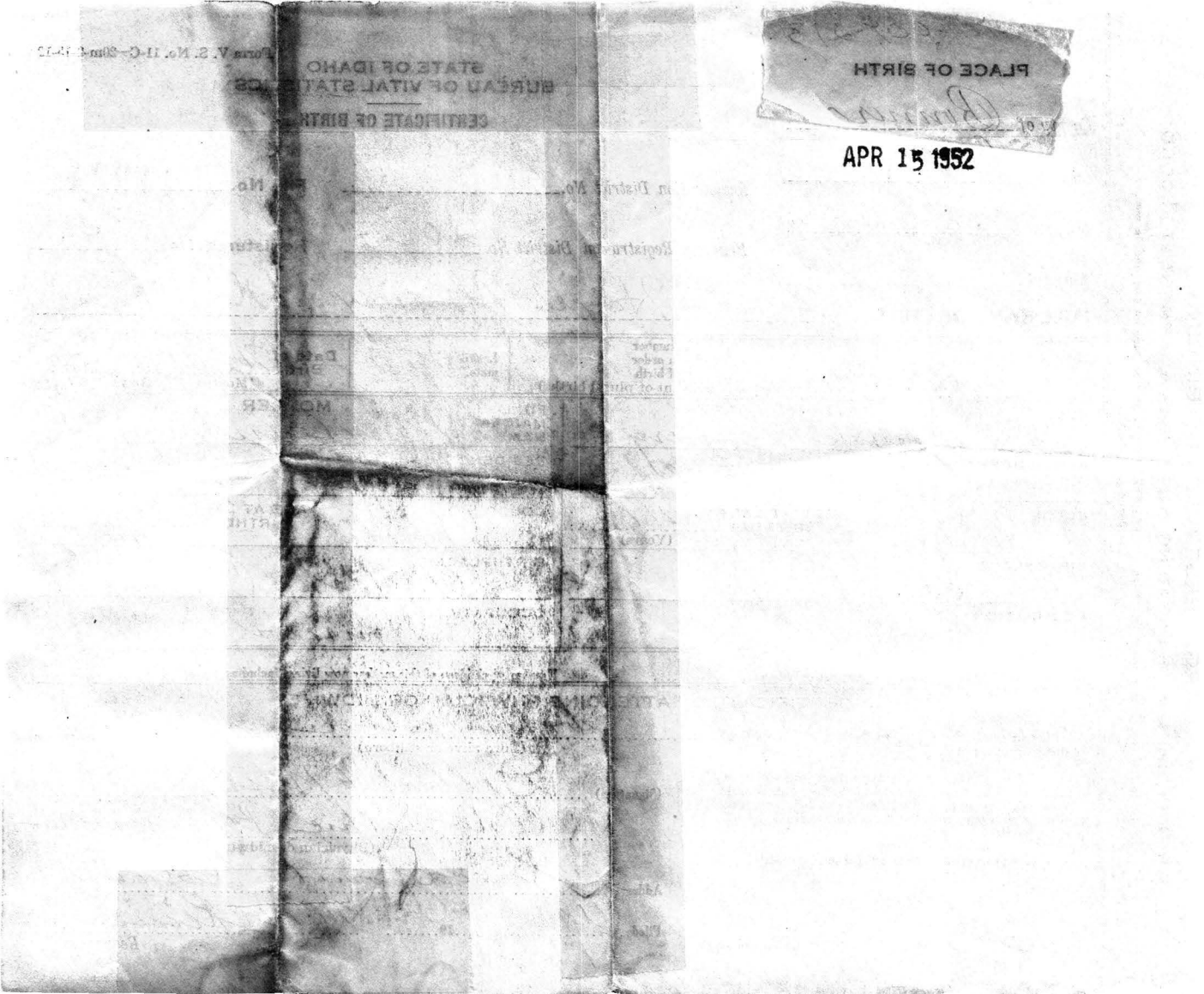
Given names added from a supplemental report

.....19.....

.....Registrar

Filed Apr 7 19 13 M McGlamery Registrar

S-Y CO. 20174


PLACE OF BIRTH
APR 15 1952

396-209-009-389

PLACE OF BIRTH

Form V. S. No. 11-C—15m-[illegible]31

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonner

City of Laclede

No. ____, ____ St.

Hospital ____

Registration District No. 8 File No. 11925

Primary Registration District No. 2033 Registered No. 323

FULL NAME OF CHILD Agnes Elizabeth Crockett

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
female	Single	3d	yes	March 9, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME James Reid Crockett	FULL MAIDEN NAME Hilda Sophia Christenson
RESIDENCE ~~Dufferin~~ Laclede Idaho	RESIDENCE Laclede. Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Napoleon Ohio	BIRTHPLACE Alden, Minn
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive March 9, 1913 at 5:30 A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fredrick W Dedrick

Laclede Idaho
(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Apr. 6 19 13 M McKinnon
Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

c.c. 5/1/41. wh

719-212-009-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Boundary

City of Kootenai

No. ..... St.

Hospital .....

Registration District No. .....

File No. 11926

Primary Registration District No. .....

Registered No. 324

FULL NAME OF CHILD Ada Garrison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓		yes	3 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Garrison	Mary A Pierce
RESIDENCE	(Culver Spur) Kootenai,	(Culver Spur) Kootenai.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	30
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Cedar Maker	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11 15 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Willis A Patterson, Physician
(Physician or midwife)

Address Kootenai Idaho.

Given names added from a supplemental report

..... 19.....

Filed Sept 16 1913 M McKinnon
Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

294-113-009-381

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital .....

Registration District No. 8 File No. 11927

Primary Registration District No. 2033 Registered No. 336

FULL NAME OF CHILD Herbert Chopin Krueger.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	3 13 1913

FATHER	MOTHER
FULL NAME Louis Arthur Krueger	FULL MAIDEN NAME Edith Amanda Chopin
RESIDENCE Pocatello,	RESIDENCE Pocatello,
COLOR White	AGE AT LAST BIRTHDAY 33 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Wisconsin	BIRTHPLACE Minnesota
OCCUPATION Train Inspector,	OCCUPATION Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Will A. Pallet, Physician

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed April 6 19 13 M. McKinnon

..... Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1974

289.218'009-567

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint — Registration District No. 8 — File No. 11928

No. ____ St. — Primary Registration District No. 2033 — Registered No. 338

Hospital ____

FULL NAME OF CHILD Nora Edna Gladys Shreeves

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	yes	Nov. 18 1913

FATHER		MOTHER	
FULL NAME	G. W. Shreeves	FULL MAIDEN NAME	Susie Vogt
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Penn	BIRTHPLACE	Minn
OCCUPATION	Sheepshearer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician
(Physician or midwife)

Address Sandpoint Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 6 1913 M. McKinnon Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

M 1
K

OCT 27 1972

DECEASED

285·22I·009-X1

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

No. Superior St.

Registration District No. 6 File No. 11929

Primary Registration District No. 2033 Registered No. 377

Hospital

FULL NAME OF CHILD Morgaret S. Sheaffer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	Mar 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John G. Sheaffer	Morgaret Brickdorf
RESIDENCE	Sandpoint Idaho	Sagle Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Wisconsin	Iowa
OCCUPATION	Contractor	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 55a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr. 6 1913 M McKinnon
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

M.

259-123009-345

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonner

City of Sandpoint

Registration District No. 8

File No. 11930

No. ____ St.

Primary Registration District No. 2033

Registered No. 343

Hospital

FULL NAME OF CHILD Richard Clyde Bergdahl

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	yes	Mar 23 1913

FATHER

FULL NAME R. M. Bergdahl

RESIDENCE Sandpoint

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Wisconsin

OCCUPATION Stenographer

MOTHER

FULL MAIDEN NAME Selma Lundgreen

RESIDENCE Sandpoint

COLOR White AGE AT LAST BIRTHDAY 22 (Years)

BIRTHPLACE Wis.

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 1/2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or Midwife)

Address Sandpoint Ida

Given names added from a supplemental report

..... 19.....

Filed Apr. 6 1913 M McKinnon

..... Registrar

8-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

10-5-40

763-129-009-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8 File No. 11931

Primary Registration District No. 2033 Registered No. 346

FULL NAME OF CHILD Donald Gollen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3	Yes	Mar. 27 1913

FATHER	MOTHER
FULL NAME Archabald Gollen	FULL MAIDEN NAME Lena Fargo
RESIDENCE Sandpoint	RESIDENCE Sandpoint
COLOR White AGE AT LAST BIRTHDAY 40 (Years)	COLOR White AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Canada	BIRTHPLACE N. Y.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKenzie

Physician (Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

..... 19.....

Filed April 6 19 13 M. McKenzie

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

RITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 17 1942

693-230-009-386

PLACE OF BIRTH

[redacted] v. U. S. [redacted] Form 2-15-12.

STATE OF IDAHO
BUREAU OF VITAL STAT[redacted]

CERTIFICATE OF BIRTH

County of Bonner

City of Kootenai

Registration District No. 8 File No. 11932

No. ____ St.

Primary Registration District No. 2033 Registered No. ~~326~~ 348

Hospital MARJORIE JUALTA

FULL NAME OF CHILD Morgrine Wilson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	Mar 30 1913

FATHER		MOTHER	
FULL NAME	Hugh Wilson	FULL MAIDEN NAME	Louella Thompson
RESIDENCE	Kootenai	RESIDENCE	Kootenai
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Wyoming	BIRTHPLACE	N. D.
OCCUPATION	Mechanist	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M McKinnon

Physician (Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

....., 19.....

Filed Apr. 6 1913 M M. Stevens Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 10-C—Rev. 2-15-19

PLACE OF BIRTH

Address

Filed

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 11932

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Marjorie Wilson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 30, 1913 (DATE OF EVENT)
in Kootenai, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on July 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Marjorie	Marjorie Jualta Wilson

Subscribed and sworn to before me this 26th
day of February, 1943

Gwendolyn Kurtz
Notary Public, residing at Portland, Ore.

My commission expires MY COMMISSION EXPIRES FEB. 3, 1945.
(SEAL)

Signed Hugh S. Wilson (Father)
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

5119-SE 44th Portland Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th
day of February, 1943

Gwendolyn Kurtz
Notary Public, residing at Portland, Ore.

My commission expires MY COMMISSION EXPIRES FEB. 3, 1945
(SEAL)

Signed F L Kurtz
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

6311 S E. 41st Ave. Portland, Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 9 1943

813-216-009-623

Form V. S. No. 11-C—20m

PLACE OF BIRTH

County of Bonner

City of Sandpoint

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 8

Primary Registration District No. 2033

File No. 11933

Registered No. 349

FULL NAME OF CHILD Hazel

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	Yes	Mar 16 1913

FATHER		MOTHER	
FULL NAME	Geo. Hallstein	FULL MAIDEN NAME	Annie Oschger
RESIDENCE	Sandpoint	RESIDENCE	Sandpoint
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Wis	BIRTHPLACE	Wis
OCCUPATION	Laborer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. McKinnon

Physician

(Physician or midwife)

Address Sandpoint Ida

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Apr 6 1913 M McKinnon Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C—Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 15 1966

MAR 15 1966

815-118-003-844

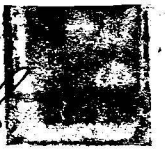
PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 415 E. Halliday St.

Hospital



Form V. S. No. 11-C-Jan. 1907

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11934

Primary Registration District No. 1002 Registered No. 83

FULL NAME OF CHILD Dean Hudson Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 18, 1913

	FATHER	MOTHER
FULL NAME	Hiram Hansen	Flora Belle Hudson
RESIDENCE	415 E. Halliday	Same
COLOR	White	White
AGE AT LAST BIRTHDAY	48 (Years)	42 (Years)
BIRTHPLACE	Logan, Utah	Fayette, Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. McKay

(Physician ~~or Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3/18 1913 O B Treasy
Registrar

1913

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—Rev. 6-20-11

STATE

Bureau of

CERTIFICA

BIRTH

PLACE OF BIRTH

(Certificate of

BINDING

PERMANENT RECORD

Record to be made for and kept in each register

NAME

SEX

COLOR

AGE AT LAST BIRTHDAY

AGE AT LAST BIRTHDAY

168-108-603-433

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Registration District No. 19

Primary Registration District No. 1002

File No. 1936

Registered No. 82

Hospital Pocatello General

FULL NAME OF CHILD Maurice Read Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male					March 8th (Month) (Day) 1913 (Year)

FATHER

FULL NAME: Ira Franklin Johnson

RESIDENCE: Minidoka

COLOR: White

AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Fort Dodge Iowa

OCCUPATION: Machinest

MOTHER

FULL MAIDEN NAME: Amanda Bell McCracken

RESIDENCE: Minidoka

COLOR: White

AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Lumber City Pa.

OCCUPATION: Home Wife

Number of child of this mother, including present birth: Third

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steed

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 3/8/ 1913

..... Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No.

1. PLACE OF BIRTH

District No.

Registration District

2. FULL NAME OF CHILD

3. SEX

4. THIS BIRTH

5. DATE OF BIRTH

6. FATHER

RESIDENCE

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE

7. MOTHER

MAIDEN NAME

RESIDENCE

COLOR OR RACE

AGE AT LAST BIRTHDAY

BIRTHPLACE

8. INFORMANT

9. PHYSICIAN OR MIDWIFE

10. FILED

11. REMARKS

CERTIFIED TO BE A TRUE COPY

Registrar

255-114-003-781

PLACE OF BIRTH—

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11938

County of Bannock

City of Pocatello

No. 326 E. Benton St.

Registration District No. 19

File No. 11

Primary Registration District No. 1002

Registered No. 79

Hospital

FULL NAME OF CHILD ROWLAND HENERY Bevans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	3 14 1913

FATHER		MOTHER	
FULL NAME	Dewitt C. Bevans	FULL MAIDEN NAME	Clara Harris
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Nebraska
OCCUPATION	Lumber	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. D. Green

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

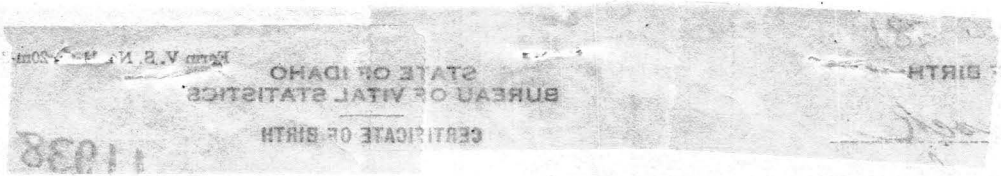
Filed 3-16-1913 O. D. Green
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Dup of 1913-329019

BEVANS

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 11938

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Bevans (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 14, 1913 (DATE OF EVENT)
in Pocatello, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Bevins	Rowland Henery Bevans
Surname	Bevins	Bevans

Subscribed and sworn to before me this 19th day of January 19 42.

Leslie M. White

Notary Public, residing at Pocatello, Idaho

My commission expires July 5, 1942 (SEAL)

Signed Clara Bell Bevans
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1105 South 5th, Pocatello, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of January 19 42.

Leslie M. White

Notary Public, residing at Pocatello, Idaho

My commission expires July 5, 1942. (SEAL)

Signed Mrs. H. L. Hartigan
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

410 East Bonneville, Pocatello Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 42 By
(REGISTRAR'S SIGNATURE)

JAN 23 1942

OCT 23 1942

DEC 9 1944

168-212.003-115

Form V. S. No. 11-C-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1201 So 5th St.

Registration District No. 19 File No. 11939

Primary Registration District No. 1002 Registered No. 78

Hospital

FULL NAME OF CHILD ~~Nellie Elizabeth~~ Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	1	1	yes	Mar 12 1910

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph E Johnson	Ida J. Jane
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Mich	England
OCCUPATION	Mail Clerk	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 P M. on the date above stated.

(Signature) O P Steele

(Physician or midwife)

Address Pocatello Idaho

Filed 3-14-1910 O P Steele Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 2017A

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9-20-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 20 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 11939

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Johnson (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1913 (Date of Event)
in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
CHilds name	omitted	Nellie Elizabeth Johnson

Subscribed and sworn to before me this 20th day of September 19 7

Florence Courtright

Notary Public, residing at Boise

My commission expires 4-22-74

(Seal)

Signed Mrs A McGuire Sr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1501 N. Hayden Island Dr. #320
(Street Address, City, State) Portland, Ore.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Family Record gives name as Nellie Elizabeth Johnson daughter of Ralph Johnson and Ida J. Jane. Born March 12, 1913 in Pocatello, Idaho.
Viewed by V.S.

SEP 20 1971

Portland Public Schools Dept. of Child Services gives name as Nellie Elizabeth Johnson enrolled in Beach School in Portland, Oregon during 1923-1924 school Year. Birth date March 12, 1913 in Pocatello, Idaho
Mother Mrs. R. E Johnson.
Viewed by V.S.

569-1671603-557

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 122 N 8th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11940

Primary Registration District No. 1002 Registered No. 77

FULL NAME OF CHILD Wm. Herman Norton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth
Male	5	Yes	Nov. 7 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles E. Norton	FULL MAIDEN NAME	Alice Evans
RESIDENCE	Lukon	RESIDENCE	Lukon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kay

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 3-8- 19 13 O. J. Sheets

Registrar

.....

Registrar

S-Y CO., 16670

RESERVED FOR FINGERPRINTS

UNFADING INK—THIS IS A PERMANENT RECORD

NAME	
RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY

135-228-007-2 13

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11941

County of Bannock

City of Pocatello

No. 328 N. Arthur St.

Registration District No. 19 File No. 11

Primary Registration District No. 1002 Registered No. 76

Hospital

FULL NAME OF CHILD Gladys Angeline Alexander

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	March 28th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Warren Harold Alexander	FULL MAIDEN NAME	Nettie C. Buchfinck
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Elba Nebraska	BIRTHPLACE	Palmer Nebraska
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1 (One) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive March 28/13, at 8-0 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M.D.
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/29 1913

O B Finch
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

12-2-41

419-203-005-343

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

11942
II

County of Bannock — Registration District No. 19 — File No.

City of Pocatello — Primary Registration District No. 1002 — Registered No. 75

No. 1281 N. 8th St.

Hospital

FULL NAME OF CHILD Florence Ruth Martin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		2	Yes	March 3, 1913

FATHER		MOTHER	
FULL NAME	Hatten M. Martin	FULL MAIDEN NAME	Florence Tucker
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Illinois	COLOR	White
OCCUPATION	Carpenter & R.R. Man	AGE AT LAST BIRTHDAY (Years)	28
		BIRTHPLACE	Nebraska
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. M. Kay

(Physician ~~or Midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Filed 3/4, 1913 — 010 Street

S-Y CO., 16670

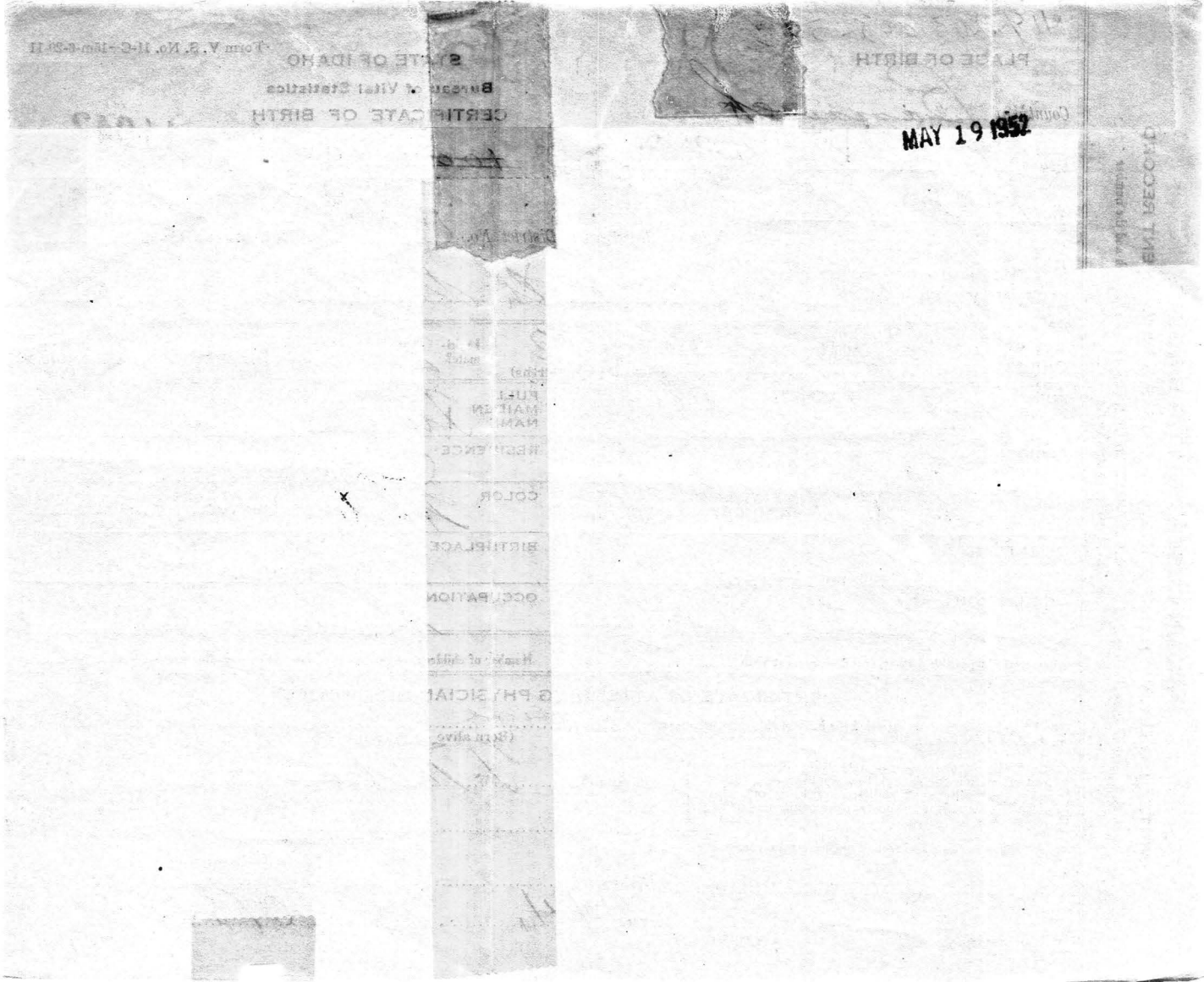
Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



MAY 19 1952

319-10-0003-855

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 605 N. Hayes St.

Hospital

[redacted] F IDAHO
BUREA[redacted]AL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 11944

Primary Registration District No. 1002

Registered No. 50

FULL NAME OF CHILD Muriel Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	twin	first	yes	March 1st 1913

FATHER		MOTHER	
FULL NAME	Ren Larson	FULL MAIDEN NAME	Lillian Hendricks
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello, Idah[redacted]
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Hyrum, Utah	BIRTHPLACE	Minnesota
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth: one

Number of children of this mother now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 1st at 12:40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley M.D.
(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

..... 19.....

Filed 3/4 19 13 O B Sterley
Registrar

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE

COLOR

BIRTHDAY (Years)

BIRTHPLACE

RESERVED FOR
INDEXING (INK - THIS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-10-0003-855

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 605 N. Hayes St.

Hospital

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 1007

File No. 11945

Registered No. 54

FULL NAME OF CHILD Ray Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	twin	second	yes	March 1st 1913

FATHER		MOTHER	
FULL NAME	Ren Larson	FULL MAIDEN NAME	Lillian Hendricks
RESIDENCE	Pocatello, Idaho.	RESIDENCE	Pocatello, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Heyrum, Utah	BIRTHPLACE	Minnesota
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, March 1st, at 12:45 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Wadley M.D.

Pocatello, Idaho
(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed 3/4 19 13 O B Straly
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

895-104-003-636

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 552 So 2nd St.

Registration District No. 19

Primary Registration District No. 1052

File No. 11946

Registered No. 55

Hospital

FULL NAME OF CHILD Walter Stiely Hinrichs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 – 4 – 1913

FATHER	MOTHER
FULL NAME Herman Lee Hinrichs	FULL MAIDEN NAME Eliza A. Stiely
RESIDENCE Pocatello	RESIDENCE Pocatello Ida
COLOR W.	COLOR W
AGE AT LAST BIRTHDAY 45 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Oldenburg Germany	BIRTHPLACE Arkansas
OCCUPATION Laborer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Stiely M.D.
(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/4 19 13 O. B. Stiely
Registrar

S-Y CO. 20174

JAN 3 1 1972

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

231-205-005-317

PLACE OF BIRTH

Form V. S. No. 11

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11947

County of Bannock

City of Pocatello

Registration District No. 19

File No.

No. 905 So. Main St.

Primary Registration District No. 1002

Registered No.

Hospital Maternity Hospital

FULL NAME OF CHILD Wilma Stanger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
female		yes	Feb. 5

	FATHER	MOTHER
FULL NAME	Hyrum Thompson Stanger	Elizabeth Calvert
RESIDENCE	Am. Falls	Am. Falls
COLOR	white	white
AGE AT LAST BIRTHDAY	44 (Years)	(Years)
BIRTHPLACE	Slatersville, Utah	Ogden, Utah
OCCUPATION	farming	housekeeping

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ... on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address 905 So. Main St.

Filed 3/31/ 19 13 O B Slater

..... Registrar

8-Y CO. 20174

HT
FEB 1 2 1974

3 18 74

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 18 4 36 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 11947

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Stanger (Name on Original Certificate) who was born (Was Born or Died) on Feb. 5, 1913 (Date of Event) in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Omitted	Wilma Stanger

Subscribed and sworn to before me this 18 day of March, 1974

Dee "Flora" Lowe

Notary Public, residing at Boise, Idaho

My commission expires Sept. 18, 1977

(Seal)

Signed Mabel Stanger Nolen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

9310 Woodlawn Ave. Boise

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of .....

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Marriage License State of Idaho Bannock County State File # 53-2356
May 13, 1953 Mark Pierce and Wilma Cope (Wilma Stanger maiden name)
Viewed by VS

MAR 18 1974

Church Record, LDS Church, Wilma Stanger Pierce born Feb. 5, 1913 at
Pocatello, Idaho blessed May 4, 1913 . Inkom , Idaho, Pocatello Stake
Viewed by VS

314-117-003-765

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11948

County of Bannock

City of Pocatello

No. 1001 So. Harrison St.

Registration District No. 19 File No. 2

Primary Registration District No. 1002 Registered No. 58

Hospital

FULL NAME OF CHILD Otto Bertrand Campbell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		yes	Feb 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jered Edward Campbell	Lydia May Loveland
RESIDENCE	1001 So. Harrison	1001 So. Harrison
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Idaho	Utah
OCCUPATION	common labor	housekeeping

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

midwife
(Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

..... 19.....

Filed 3/31 19 13 O B Sterly
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1942

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

FEB 28 1957

MAY 5 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433.220 1003-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 1122 N. Hayes St.

Hospital home

Registration District No. 19 File No. 11949

Primary Registration District No. 1002 Registered No. 59

FULL NAME OF CHILD Mary May McClure

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb 20 1913

FATHER	MOTHER
FULL NAME: Arthur McClure	FULL MAIDEN NAME: Maria Campbell
RESIDENCE: 1122 N. Hayes	RESIDENCE: 1122 N. Hayes
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Utah
OCCUPATION: Common labor	OCCUPATION: housekeeping

Number of child of this mother, including present birth: 9

Number of children of this mother now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/31 19 13 O B Sterley Registrar

S-Y CO. 20174

JUN 1 1 1976

919-222-003289

added childs name, amend fathers name and birth day 3-4-86 dl

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11950

County of Bannock

City of Pocatello

No. 910 So. Main St.

Hospital home

19

Registration District No. _____ File No. _____

Primary Registration District No. 1002 Registered No. 60

FULL NAME OF CHILD Annona M Rainey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb. 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Rainey	Catherine Shinderling
RESIDENCE	910 So. Main St	910 So. Main St
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	21
BIRTHPLACE	Idaho	Utah
OCCUPATION	Common labor	house keeping

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So Main St

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/31 19 13 O B Steele Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 5 1972

1-15-86

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
FEB 7 4 25 PM '86

State of Idaho
County of Bannock } ss.

Certificate No. 11950
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Rainey (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 21, 1913 (Date of Event)
in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Annona M Rainey
date of birth	Feb 21, 1913	Feb 22, 1913
fathers last name	Raney	Rainey

Subscribed and sworn to before me this _____ day of _____, 19__.
Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

X Annona M. Rainey
Signature of Applicant
X 601 Burbank Ave. Pocatello, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4 day of February, 1986.
Notary Public, Priscilla D. Smith
Residing at Pocatello, Bannock, Id.
My commission expires life
(Seal)

Annona Richardson
Supporting Signature
626 N 13th Pocatello, Idaho
Street Address, City, State

1 cc pd

Certificate of Baptism from Saint Anthonys Church of Pocatello, Idaho lists Annona Marie Rainey child of Peter L Rainey and Catherine Shindurling born Feb 22, 1913 was baptised Feb 9, 1938. Viewed by V.S.

MAR - 4 1986

Medical record lists Annona M Evans born Feb 22, 1913 as patient of Drl Lyle Stones, M.D. of Pocatello on June 17, 1974. Viewed by V.S.

349-224-003-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 531 S. Harrison St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11951

Primary Registration District No. 1002 Registered No. 01

FULL NAME OF CHILD Baby Curtis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb. 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Hyrum Alma Curtis	Chloe Arinda Hancock
RESIDENCE	531 S. Harrison	531 S. Harrison
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	32	25
BIRTHPLACE	Utah	Idaho
OCCUPATION	common labor	housekeeping

Number of child of this mother, including present birth five

Number of children of this mother now living, including present birth five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/31 19 13

J. B. Sterly
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

815-126-003-169

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11952

County of Bannock

City of Pocatello

No. 754 N. Harrison St.

Hospital home

Registration District No. 19 File No. 2

Primary Registration District No. 1002 Registered No. 62

FULL NAME OF CHILD William Earl Hancock

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Feb. 26 1913

FATHER		MOTHER	
FULL NAME	Rahmn Liredric Hancock	FULL MAIDEN NAME	Anna Thurza Jorgensen
RESIDENCE	754 N. Harrison	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	farming	OCCUPATION	housekeeping

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Annie Bird

Midwife (Physician or midwife)

Address 705 So. Arthur St.

Given names added from a supplemental report

.....19.....

.....Registrar

Filed 3/27 19 13 C. B. Kelly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 3 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
APR 11 3 03 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11952

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ~~birth~~ (Birth or Death)
for Unnamed Hancock (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 26, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Nov 6, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	William Earl Hancock

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Western L. Hancock
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
286 No Harrison Blvd. Ogden, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Weber }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of March, 19 77

Notary Public, residing at Ogden, Utah
My commission expires .....
(Seal)

Signed Mildred L. Snowden
(Signature of Any Credible Person)
147 - 26th St Ogden, Ut
(Street Address, City, State)

FORM DH 60-155 CL 5/30/74

William Earl Hancock son of Naham F. Hancock and Anna Jorgensen. Born Feb 26, 1913 at Pocatello, Idaho/ Baptized Nov 6, 1921. Certif of Baptism from the LDS Church. viewed by V. S.

APR 15 1977

Birth certif from the LDS Church gives nameas William Earl Hancock born Feb 26, 1913. in Pocatello, Idaho. Father's name as Nahum Fredric Hancock and mother's name as Anna Therese Jorgensen. entered on record 1913. viewed by V. S.

958-128-503-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 725 N. Main St.

Hospital home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11953

Primary Registration District No. 1002 Registered No. 63

FULL NAME OF CHILD David Wesley REYNOLDS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 28 1913

FATHER	MOTHER
FULL NAME George C. REYNOLDS	FULL MAIDEN NAME Leone Jones
RESIDENCE 725 N. Main St	RESIDENCE 725 N. Main St
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Utah
OCCUPATION candy maker	OCCUPATION housekeeping

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/31 19 13 O B Stelyn
Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
AU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Ohio }
County of Franklin } ss.

Certificate No. 11953

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for David Wesley Renolds (Name on Original Certificate) who was born (Was Born or Died) on Feb 28, 1913 (Date of Event)
in Columbus, Ohio (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on May 1926 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Renolds	Reynolds

Subscribed and sworn to before me this 21st day of October 1942

H W Kazee
Notary Public, residing at Columbus Ohio
My commission expires Jan 6, 1945
(Seal)

Signed D. W. Reynolds
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

858 Franklin Ave
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Ohio }
County of Franklin } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of October 1942

H W Kazee
Notary Public, residing at Columbus Ohio
My commission expires Jan 6, 1945
(Seal)

Signed John Ed Neff
(Signature of Any Credible Person Other Than Previous Year)

1466 Jefferson St
(Street Address, City, State)
Columbus Ohio

NOV 2 1942

392-102-003-697

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Inkom

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 11955

Primary Registration District No. 1002 Registered No. 65

FULL NAME OF CHILD Baby Fish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.			Yes	Mar 2 1913

FATHER		MOTHER	
FULL NAME	Blanche Fish	FULL MAIDEN NAME	Lula Argill
RESIDENCE	Inkom	RESIDENCE	Inkom
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Martha M. Scaddan

Midwife
(Physician or Midwife)

Address Inkom Ida

Filed 3/3/13 O B Sterley
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

DUP OF 1913 D70-312

719-103-603-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 13-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 203 N. Arthur St.

Registration District No. 19 File No. 11956

Primary Registration District No. 1002 Registered No. 66

Hospital —

FULL NAME OF CHILD Baby Park

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	1	yes	3 3 1913

FATHER		MOTHER	
FULL NAME	Thos. Park	FULL MAIDEN NAME	Jessie Smith
RESIDENCE	St. Anthony	RESIDENCE	Pocatello
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	18	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	St. Anthony	BIRTHPLACE	Davis Co. Utah.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) E. Roberts

Physician

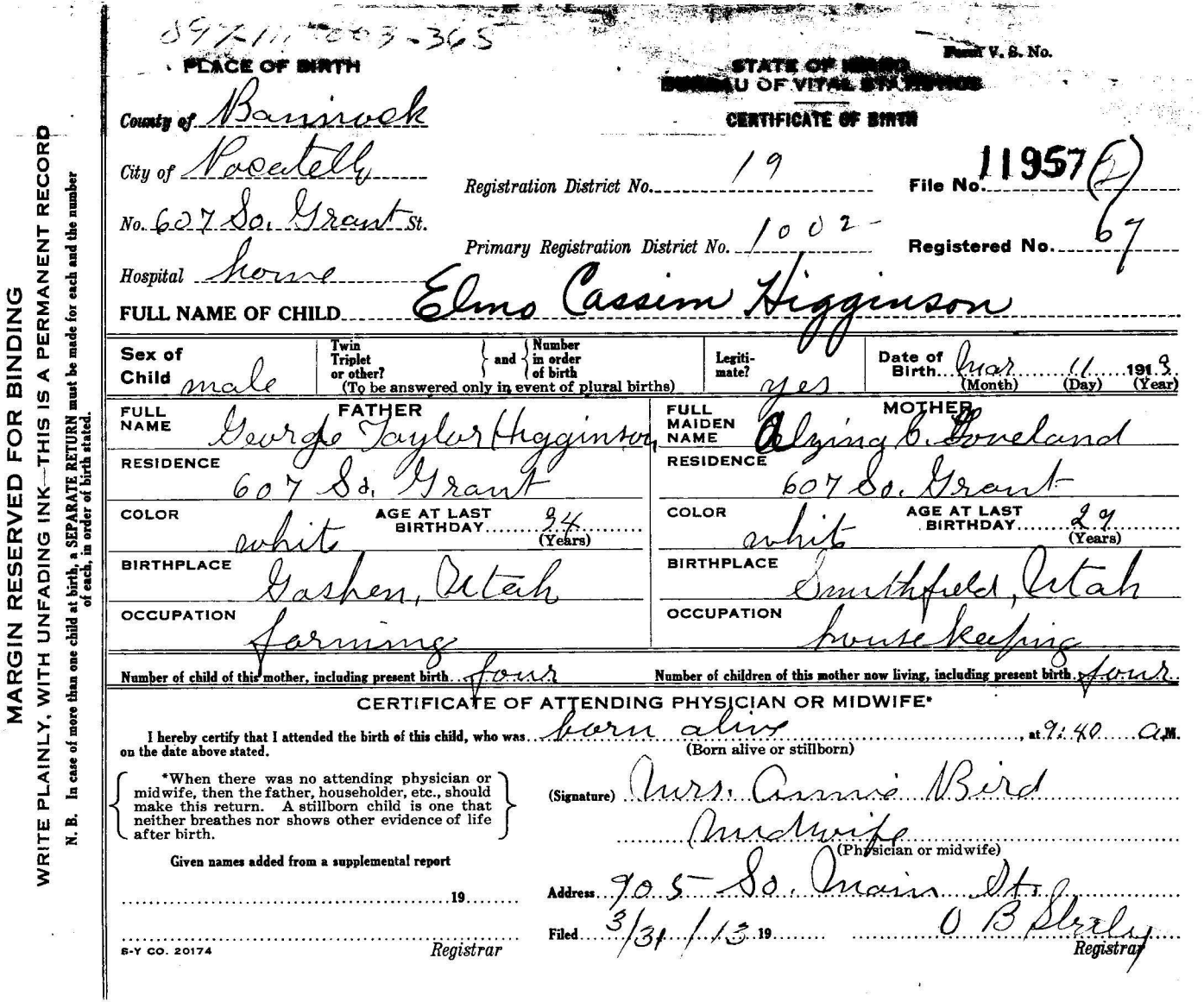
(Physician or Midwife)

Address Pocatello Ida

Filed 3/31 19 13 O B Skelly
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 7 1960



997-11-1003-365

PLACE OF BIRTH

Form V. S. No.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 607 So. Grant St.

Hospital Home

Registration District No. 19

File No. 11957 (2)

Primary Registration District No. 1002

Registered No. 67

FULL NAME OF CHILD Elmo Cassim Higginson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	Mar. 11 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George Taylor Higginson	FULL MAIDEN NAME	Alzina B. Loveland
RESIDENCE	607 So. Grant	RESIDENCE	607 So. Grant
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Garden, Utah	BIRTHPLACE	Smithfield, Utah
OCCUPATION	farming	OCCUPATION	housekeeping

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife (Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/31/13 19.....

O B Skeen
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STAT

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Colorado
City & County of Denver } ss.

RECEIVED JUL 8 1941

Certificate No. 11957
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Elmo Cassim Higginson (Name on original certificate) who was born (Was born or died) on March 11, 1913 (Date of event)
in Pocatello Bannock Co., Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by church record (Bible record, insurance policy, etc.) prepared on May 4, 1913 (Give date) photostat attached, are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
name to be added to record	no name given	Elmo Cassim Higginson

Subscribed and sworn to before me this 5th day of July, 19 41.
Margaret Evans
Notary Public, residing at Denver, Colo.
My commission expires May 8, 1945.
[SEAL]

Signed Elmo Cassim Higginson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
418 Pearl Street, Denver, Colorado.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Colorado
County of Denver } ss.

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of July, 19 41.
Margaret Evans
Notary Public, residing at Denver, Colo.
My commission expires May 8 1945
[SEAL]

Signed T. Van Dyke Woodford
(Signature of any credible person other than the previous affiant)
1355 Dahlia Denver Colo.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

7/16/41

DEC 28 1953

DEC 10 1953

316-21-0003-814

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1006 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 1002

File No. 11958

Registered No. 68

FULL NAME OF CHILD Dorothea Lottie Cawley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	March 11th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles H Cawley	Caroline Elizabeth Hauser
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	38
BIRTHPLACE	Topeka Kan	Blakeslee Ohio
OCCUPATION	Engineer (Loco)	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) March 11/13 at 3 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Castle M D

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/31 19 13

J B Sterling
Registrar

S-Y CO. 20174

NOV 17 1942

815-215-003-572

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 757 N. Harrison St.

Hospital Home

Registration District No. 19 File No. 11959

Primary Registration District No. 1002 Registered No. 69

FULL NAME OF CHILD Ethel Mary

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			(illegible)	Mar. 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elijah Hancock	Mildred Egbert
RESIDENCE	757 N. Harrison	757 N. Harrison
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	19	17
BIRTHPLACE	Idaho	Idaho
OCCUPATION	farming	housekeeping

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6:35 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Midwife

(Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

..... 19.....

Filed 3/31 19 13 O B Sharley

Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 11 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-218-1007-273

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 248 So 3rd St.

Registration District No. 9

Primary Registration District No. 1002

File No. 11960 2

Registered No. 79

Hospital

FULL NAME OF CHILD Leonida Luigina Tardini

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mar 18 1913

FATHER		MOTHER	
FULL NAME	Giuseppe Tardini	FULL MAIDEN NAME	Evelina Benevetti
RESIDENCE	Pocatello Ida.	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Italy	BIRTHPLACE	Italy
OCCUPATION	Common Laborer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Anna Bird

Midwife (Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

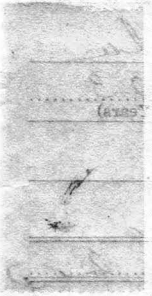
.....19.....

.....
Registrar

Filed 3/31/13

O B Straley
Registrar

S-Y CO. 20174



DUP OF 1913 - 30778Y

235-11-0003-685

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 808 S. 2nd St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 — File No. 11961

Primary Registration District No. 1002 — Registered No. [redacted]

FULL NAME OF CHILD Baby Bird

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				March 19, 1913

FATHER		MOTHER	
FULL NAME	Alvin Leslie Bird	FULL MAIDEN NAME	Vina May Warner
RESIDENCE	808 S. 2nd.	RESIDENCE	Pocatello Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Farmington Utah	BIRTHPLACE	Meadow Utah
OCCUPATION	Common Labor	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Anna Bird

Midwife (Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 2/3/ 19 13 C. B. Sturdy
Registrar

S-Y CO. 20174

JUL 14 1975

812-22-0003-679

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 321 N. Main St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 1002

File No. 11962

Registered No. 72.

FULL NAME OF CHILD Baby Hass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				3-27-13

FATHER		MOTHER	
FULL NAME	August Hass	FULL MAIDEN NAME	Helen Augustine Krug
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Remscheid Germany	BIRTHPLACE	Bongita Germany
OCCUPATION	Machinist	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Sturdy

M.D.

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed April 19 13 J. B. Sturdy
Registrar

S-Y CO. 20174

Form V. S. No. 1140—10m-2-16-12

IDAHO

BUREAU OF VITAL STATISTICS

OF BIRTH

553-128-003-299

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

11963

County of Bannock — Registration District No. 19 — File No. 2

City of Pocatello — Primary Registration District No. 1002 — Registered No. 73

No. 544 E. Lander

Hospital

FULL NAME OF CHILD Betty Nelson — Howard Brim Nelson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3-28 1913

FATHER		MOTHER	
FULL NAME	Arthur Nelson	FULL MAIDEN NAME	Margaret Dixon
RESIDENCE	Pocatello Ida.	RESIDENCE	Pocatello Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Des Moines Iowa	BIRTHPLACE	Downey Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 A. M. on the date above stated.
(Born Alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. B. Starks M.D.
(Physician or midwife)

Address Pocatello Ida.

Given names added from a supplemental report

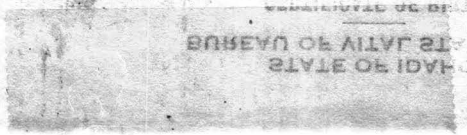
.....19.....

.....
Registrar

Filed April 19 B. C. B. Starks
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



234-124-029-286

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

Registration District No. 15 File No. 11964

Primary Registration District No. 2068 Registered No. 77

FULL NAME OF CHILD Samuel Gordon Sturman

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	✓	✓	Yes	Mar 24 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Sturman	FULL MAIDEN NAME	Rosa Shore
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Oregon
OCCUPATION	farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6:10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Hamet

Physician

(Physician or midwife)

Address Deary

Filed 3/24 1913 P. C. Hamet

Registrar

Given names added from a supplemental report

..... 19.....

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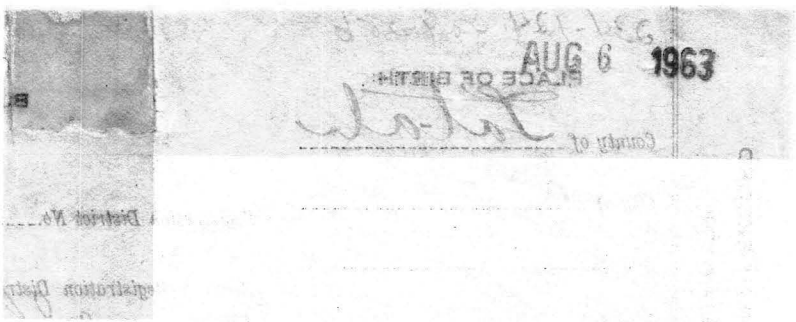
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.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Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... *St.*

Hospital .....

Registration District No. 15 **File No.** 11965

Primary Registration District No. 2068 **Registered No.** 78

FULL NAME OF CHILD James Donald Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓	✓	Yes.	Mar 11 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Hill	Alvaretta Dorcus
RESIDENCE	Deary	Deary
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	34
BIRTHPLACE	Canada	Canada
OCCUPATION	Chemist	H.W.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician (Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/11 19 13 P. C. Faust Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

OCT 26 1950

RECORD

799-101-024381

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11966

Primary Registration District No. 2068 Registered No. 79

FULL NAME OF CHILD Leslie Erastus Grimes

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓		✓	Yes.	Mar. 1. 1913.

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis O. Grimes	Elzada Chapman
RESIDENCE	Avon	Avon
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36	31
BIRTHPLACE	Mo.	Mo.
OCCUPATION	Rural mail carrier	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 2:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Faust

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

Filed 3/1 19 13 P. C. Faust

Registrar

S-Y CO. 20174

Registrar

MAY 28 1976

869.222.029-381

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of

No ____, ____ St.

Hospital

Registration District No 15 File No. 11967

Primary Registration District No. 15 Registered No. 67

FULL NAME OF CHILD Not named NORA MARTHA HORROCKS

Sex of Child	Twin, Triplet or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	brother			March 22, 1913

FATHER	MOTHER
FULL NAME: Samuel Horrocks	FULL MAIDEN NAME: Mabel Chapman
RESIDENCE: Latah Co.	RESIDENCE: Latah Co.
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Mich.	BIRTHPLACE: Mich.
OCCUPATION: farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D B Harrison mid

(Physician or Midwife)

Address Palouse Wash.

Given names added from a supplemental report

....., 19.....

Registrar

Filed March 25 1913 J. M. Thompson

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NAME	Samuel Horrocks
RESIDENCE	Provo Co.
COLOR	White
AGE AT LAST BIRTHDAY (Years)	39
NAME	Mary Ann Horrocks
RESIDENCE	Provo Co.
COLOR	White
AGE AT LAST BIRTHDAY (Years)	39

Form V. S. No. 27B—1M-8-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

11967

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Potlatch
Street and House No.
County Latah.

Registered Number 15
Registration District No. 2066

Sex of Child Female.

Date of Birth, March. 22 1913.
(Month) (Day) (Year)

Full Name Father Samuel. Horrocks.

Full Maiden Name Mother Mabel. Chapman.

I HEREBY CERTIFY that the child described herein has been named:

Nora. Martha. Horrocks.
(Given name in full) (Surname)

as reported by Father.
(Father or Mother)

D. Jr. Thompson
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

662.224.02251

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Latah

City of Potlatch

Registration District No. 15 File No. 11068

No. ____, ____ St.

Primary Registration District No. 2066 Registered No. 68

Hospital ____

FULL NAME OF CHILD Mary Ruth Foster

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓		✓	yes	March 24, 1913

FATHER	MOTHER
FULL NAME: Clyde R. Foster	FULL MAIDEN NAME: Winifred Ann Beasley
RESIDENCE: Potlatch	RESIDENCE: Potlatch
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 20 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Washington	BIRTHPLACE: Idaho
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J.W. Thompson M.D.

(Physician or Midwife)

Address Potlatch

Given name added from a supplemental report

....., 19.....

Filed March 26th 19 13 D. J.W. Thompson Registrar

.....
Registrar

S-Y CO., 16655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1945

365-116029-466

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-16

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch (Country)

Registration District No. 15. File No. 11969

No. ..... St.

Primary Registration District No. 2066 Registered No. 69

Hospital .....

FULL NAME OF CHILD Woodrow Harry Conklin.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Mar. 16. 1913

FATHER		MOTHER	
FULL NAME	Harry C. Conklin.	FULL MAIDEN NAME	Elsie Thoosman
RESIDENCE	Garfield, Wash.	RESIDENCE	Garfield Wash.
COLOR	White.	COLOR	White.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 4. Number of children of this mother now living, including present birth 4.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Boyd M. D.

(Physician or midwife)

Address Palouse. Wash.

Given names added from a supplemental report.

..... 19.....

Filed March 20. 1913. D. Jr. Thompson

Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 23 1942

APR 5 1948

APR 5 1962

MAR 27 1968

APR 27 1971

165-22-079-436

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 15. File No. 11970

Primary Registration District No. 2066. Registered No. 70

FULL NAME OF CHILD Ila Ruth Jones

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Feb. 25, 1913

FATHER		MOTHER	
FULL NAME	Fred G. Jones.	FULL MAIDEN NAME	Laura J. McVey.
RESIDENCE	Princeton	RESIDENCE	Princeton
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Nebraska.	BIRTHPLACE	Missouri
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Brooks M D

(Physician or Midwife)

Address Princeton Idaho.

Given name added from a supplemental report

....., 19....

Filed April 3rd 1913. F. W. Twaddle

Registrar

S-Y CO., 18669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 24 1956

8/6/23-029-866

PLACE OF BIRTH

STATE OF [redacted]

Bureau of [redacted] Statistics

U. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

Registration District No. 15. File No. 11971

No. ....., ... St.

Primary Registration District No. 2066. Registered No. 71

Hospital .....

FULL NAME OF CHILD CLYDE ERNEST HAWKINS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day), 1913 (Year)
male.	✓		✓	yes.	March 23

FATHER		MOTHER	
FULL NAME	Jos. E. Hawkins.	FULL MAIDEN NAME	Ethel Howell.
RESIDENCE	Potlatch	RESIDENCE	Potlatch.
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	36. (Years)	AGE AT LAST BIRTHDAY	25. (Years)
BIRTHPLACE	Kansas.	BIRTHPLACE	Washington.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 3rd.

Number of children, of this mother, now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. N. Boyd.

M. D.

(Physician or Midwife)

Address Princeton Idaho.

Given name added from a supplemental report

....., 19.....

.....
Registrar

Filed April 3rd 1913. D. J. W. Thompson
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 1 1 1942

Form V. S. No. 27B—1M-8-11

STATE OF IDAHO
BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

11971

SUPPLEMENTAL REPORT OF BIRTH

Place of Birth { City Potlatch
Street and House No.
County Latah.

Registered Number 15.
Registration District No. 2066.

Sex of Child Male.

Date of Birth, March. 23. 1912.
(Month) (Day) (Year)

Full Name Father: Ross. E. Hawkins.

Full Maiden Name Mother: Ethel. Howell.

I HEREBY CERTIFY that the child described herein has been named:

Clyde. Ernest. Hawkins.
(Given name in full) (Surname)

as reported by Father.
(Father or Mother)

D. Jr. Thompson
(Local Registrar)

IDAHO STATIONERY & PRINTING CO. LTD., BOISE

JUL 1 0 1973

952-202-029-395

PLACE OF BIRTH

County of Latah

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 15 File No. 11972

Primary Registration District No. 2066 Registered No. 72

FULL NAME OF CHILD Selma Gunhild Inseth

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes.	March 2nd, 1913.

FATHER		MOTHER	
FULL NAME	John A. Inseth.	FULL MAIDEN NAME	Ingal Lien.
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	white.	COLOR	white.
AGE AT LAST BIRTHDAY	28. (Years)	AGE AT LAST BIRTHDAY	23. (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Norway.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson.

(Physician or Midwife)

Address Potlatch Idaho.

Given name added from a supplemental report

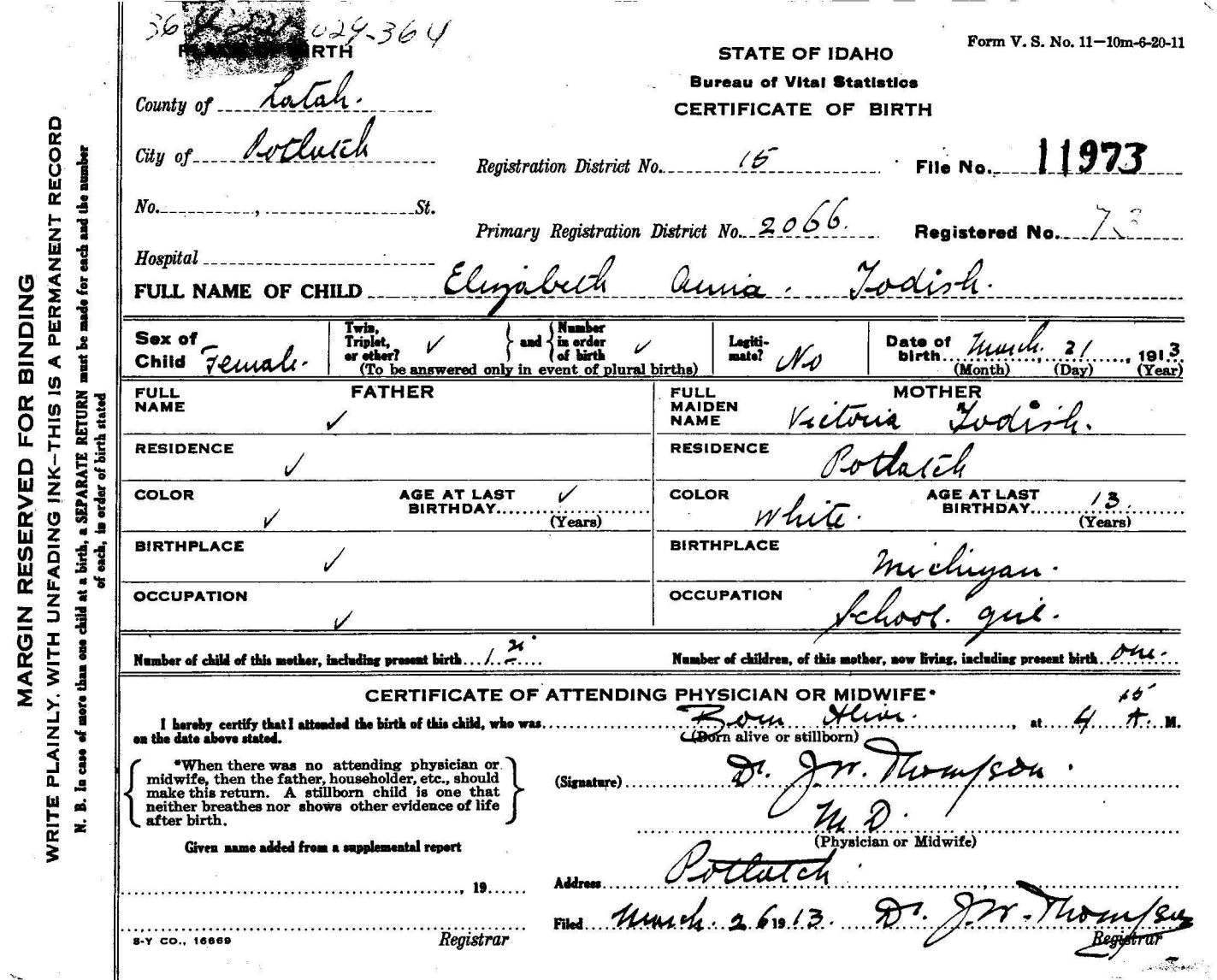
..... 19....

Filed March 29 19 13. Dr. J. W. Thompson Registrar

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



36 [redacted] 029-364

[redacted] RTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Latah.

City of Potlatch

No. ....., ... St.

Hospital .....

Registration District No. 16 File No. 11973

Primary Registration District No. 2066. Registered No. 73

FULL NAME OF CHILD Elizabeth Anna. Zodish.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	No	March 21, 1913

FATHER		MOTHER	
FULL NAME	✓	FULL MAIDEN NAME	Victoria Zodish.
RESIDENCE	✓	RESIDENCE	Potlatch
COLOR	✓	COLOR	White.
AGE AT LAST BIRTHDAY (Years)	✓	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	✓	BIRTHPLACE	Michigan.
OCCUPATION	✓	OCCUPATION	School girl.

Number of child of this mother, including present birth 1st. Number of children, of this mother, now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive. (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. R. Thompson. M. D.

(Physician or Midwife)

Address Potlatch

Given name added from a supplemental report

....., 19.....

Filed March 26 1913. Dr. J. R. Thompson Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 5 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

419.202.1029-544

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Potlatch

Registration District No. 15

File No. 11974

No. ____, ____ St.

Primary Registration District No. 2066

Registered No. 74

Hospital

FULL NAME OF CHILD Marian Martini Edmondson Martini

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 2. 1913.

FATHER		MOTHER	
FULL NAME	Merle Blair Martini	FULL MAIDEN NAME	Mary Edmondson
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32.	AGE AT LAST BIRTHDAY (Years)	31.
BIRTHPLACE	Nebraska	BIRTHPLACE	Wisconsin
OCCUPATION	Train Despatcher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. B. Harrison M. D.

(Physician or Midwife)

Address Palouse Wash.

Given name added from a supplemental report

....., 19.....

Registrar

Filed March 22nd 19 13. D. Fr. Thompson Registrar

S-Y CO., 16669

249-201-229-791

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 206515 File No. 11976

Primary Registration District No. 2065 Registered No. 64

FULL NAME OF CHILD Myrtle Burke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			No	March 1 1913

FATHER		MOTHER	
FULL NAME	Iver Burke	FULL MAIDEN NAME	Maggie Gramley
RESIDENCE	Curlew Wash	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Curlew Wash	BIRTHPLACE	Troy Idaho
OCCUPATION	Farmer	OCCUPATION	Domestic

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 1st 1913, at 11:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Gramley
midwife
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

Filed March 12 1913 D. W. Olson
Registrar

..... Registrar

S-Y CO. 20174

DUP OF 1913-372417

394.108:039-623

Form V. S. No. 511.C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2065 15 File No. 11977

Primary Registration District No. 15 2065 Registered No. 65

FULL NAME OF CHILD Edward Clarence Liden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 8 1913

FATHER	MOTHER
FULL NAME L. Andrew Liden	FULL MAIDEN NAME Christina Oslund
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Laborer (Common)	OCCUPATION Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 8 1913, at 11:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson M. Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

Filed March 8 1913 J. W. Olson
Registrar

..... Registrar

S-Y CO. 20174

JUL 3 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS AUG 13 10 11 AM '74

State of ..... } ss.
County of ..... }

Certificate No. 11977

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Clarence Liden (Name on Original Certificate) who was born (Was Born or Died) on March 8, 1913 (Date of Event)
in Troy, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Army Discharge & enclosed documents (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Clarence Liden	Edward C. Liden

Subscribed and sworn to before me this 22nd day of August, 1974

Joanne E. Schelly

Notary Public, residing at Lewiston, Idaho

My commission expires 4-20-78

(Seal)

Signed Edward C Liden
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lewiston, Ida. 1227 Alder
(Street Address, City, State) Apt. 29

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of August, 1974

Joanne E. Schelly

Notary Public, residing at Lewiston, Idaho

My commission expires 4-20-78

(Seal)

Signed Mrs. Goldie T. Gladberg
(Signature of Any Credible Person)
his sister

1107 Alder St. Lewiston Ida
(Street Address, City, State)

FORM DH 60-155

8/6/74 1cc pd.

Honorable Disharge from the Army gives name as Edward C. Liden born Mar 8, 1913 Troy, Idaho. date os separation Feb. 21, 1946. viewed by V. S. AUG 30 1974

Social security card (518-03-3326) gives name as Edward Clarence Liden. dated 12-16-36. viewed by V. S.

314-113-029437

Form V. S. No. 11-C—20m-2-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2065 File No. 11978

Primary Registration District No. 15 Registered No. 66

FULL NAME OF CHILD Harvey Edward Lady

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 13 1913

FATHER		MOTHER	
FULL NAME	Otis W. Lady	FULL MAIDEN NAME	Sofronia E. McGarvey
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Loyal Nva	BIRTHPLACE	Lake City Mich
OCCUPATION	Common Laborer	OCCUPATION	Home Duties

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 13 1913, at 2 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olson

Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

Filed March 13 1913 J. W. Olson

..... Registrar

Registrar

S-Y CO. 20174

Amended 9/4/73

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 11980
Local Reg. No.
Reg. Dist. No. 15

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Genesee
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Genesee, Idaho
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Rose
b. (Middle): Marie
c. (Last): Broemeling

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month)	(Day)	(Year)
F	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	3	14	1913

FATHER OF CHILD

7. FULL NAME
a. (First): John
b. (Middle): H.
c. (Last): Broemeling

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
29 YEARS	Iowa	Rancher	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Catherine
b. (Middle):
c. (Last): Kries

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
22 YEARS	Iowa			

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. F. Tuomy, M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Genesee, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-21-13

22. REGISTRAR'S SIGNATURE: W. H. Ehein

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...where the birth occurred within 10 days after the date of birth of the child. Address ...
...TAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF VITAL STATISTICS
AUG 24 10 59 AM '73

State of Washington } ss
County of Whatcom }

Certificate No. 11980

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth for Rosalia Mary Brommling who was born on Mar. 14, 1913
(Name on Original Certificate) (Was Born or Died) (Birth or Death) (Date of Event)

in Genesee, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)

true facts are shown by Baptismal cert. & Marriage license prepared on 7/6/40 and 5/23/41, are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Rosalia Mary Brommling	Rose Marie Broemeling
father's last name	Brommling	~~Broemling~~ Broemeling

Subscribed and sworn to before me this 22ND day of AUGUST 1973

Douglas E Black

Notary Public, residing at Bldn

My commission expires 10/20/76

(Seal)

Signed Rose Marie Broemeling
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

580 N. Hawthorne Lane, Ferndale, WA
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Whatcom }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22ND day of AUGUST 1973

Douglas E Black

Notary Public, residing at Bldn, WA

My commission expires 10/20/76

(Seal)

Signed Everett C. Sanders
(Signature of Any Credible Person)

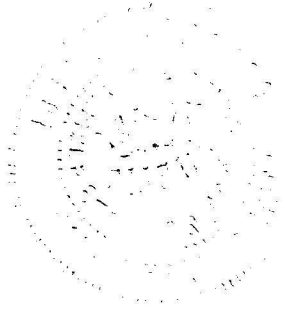
580 N. Hawthorne Lane, Ferndale, Wash
(Street Address, City, State)

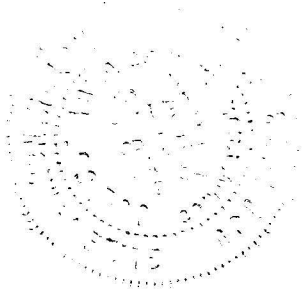
FORM DH 60-155

CL 8/20/73 ■ lcc pd. rec. #23477

Certificate of Baptism from Church of St. Mary's, Genesee, Ida. gives name as Rose Marie Broemeling child of John H. Broemeling and Catherine Kries. Born in Genesee, Idaho. on March 14, 1913. Was Baptized March 19, 1913. Viewed by V. S.

Marriage Certificate from Idaho gives groom's name as Everett C. Sanders and the bride's name as Rose Marie Broemeling. Dated May 26, 1941. Viewed by V. S.





MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11980

Primary Registration District No. 2163 Registered No. 83

FULL NAME OF CHILD Rosalia Mary Brömmling

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	3 14 1913

FATHER		MOTHER	
FULL NAME	John F. Brömmling	FULL MAIDEN NAME	Catharine Kuss
RESIDENCE	Genesee Idaho	RESIDENCE	Genesee Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Thorny M.D.

Genesee Idaho (Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-21-1913 Carl Oheer Registrar

Y CO. 20174

SEP 4 1973

719-21 [illegible] 29-398

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Registration District No. 15 File No. 11981

Primary Registration District No. 2062 Registered No. 82

FULL NAME OF CHILD Annetta Gardner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	8 10 1913

	FATHER	MOTHER
FULL NAME	Albert Gardner	FULL MAIDEN NAME Ada Frye
RESIDENCE	Genesee	RESIDENCE Genesee
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	40 (Years)	29 (Years)
BIRTHPLACE	Wis	BIRTHPLACE Idaho
OCCUPATION	Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Toomey M.D.

Genesee Idaho (Physician or midwife)

Address .....

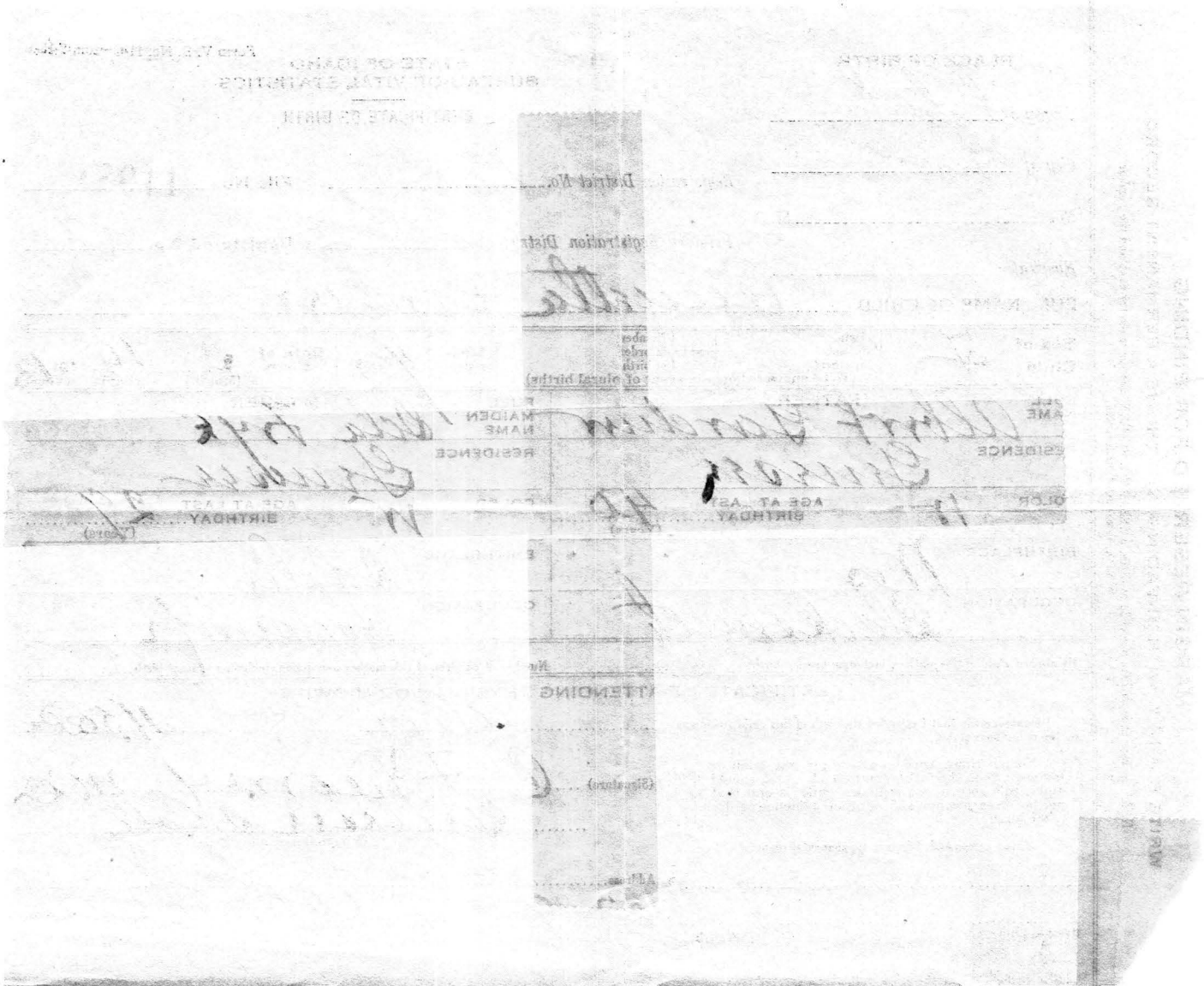
Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-19 1913 W. H. Green Registrar

8-Y CO. 20174



812-227-029-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11982

Primary Registration District No. 2563 Registered No. .....

FULL NAME OF CHILD Theresa Hasfurther

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	Yes	3 28 1913

FATHER		MOTHER	
FULL NAME	Martin Hasfurther	FULL MAIDEN NAME	Tracy Harmon
RESIDENCE	Farm	RESIDENCE	Farm
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 2 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Cheney

(Physician or midwife) Genesee Idaho

Address .....

Filed 3-28-13 W. T. Cheney

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20174

485-107027-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Utah

City of Lincoln

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11983

Primary Registration District No. 2062 Registered No. 84

FULL NAME OF CHILD James Donald Dye

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	3 7 1913

FATHER		MOTHER	
FULL NAME	J. N. Dye	FULL MAIDEN NAME	Jennie Schooler
RESIDENCE	Farmer	RESIDENCE	Farmer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Mo.	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. N. Ehrman

Farmer

(Physician ~~or midwife~~)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-7 1913 W. N. Ehrman Registrar

S-Y CO. 20174

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

869-206-229-214

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11984

Primary Registration District No. 3063 1008 Registered No. 62

FULL NAME OF CHILD Gertrude Mary Hordemann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	April 6 1913

FATHER	MOTHER
FULL NAME John Hordeman	FULL MAIDEN NAME Clara Kaumbtich
RESIDENCE Near Genesee	RESIDENCE Near Genesee
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 32 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION H W,

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 6 (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asmay M.D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 W. H. Hill

Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

h

NOV 5 1969

City of Viola — Amended 11/23/77 — Registration District No. 15 — File No. 11985

No. ____, ____ St. — Primary Registration District No. 2062 — Registered No. 85

Hospital ____

FULL NAME OF CHILD Reuben W. Hager

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	Mar 3, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Hager	Katie Wiesso
RESIDENCE	Viola	
COLOR	White	
AGE AT LAST BIRTHDAY (Years)	57	29
BIRTHPLACE	Adelboden Switzerland	Bernittenberg Russ
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 — Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ____ M. on the date above stated.

(Signature) Mrs J. F. Garvin

Graduate Nurse (Physician or Midwife)

Address Viola, Ida

Filed Mar-20 1913 — Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____ — Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

CERTIFICATE OF BIRTH

To correct father's name, another child's birth certificate, #26252 shows name as John Hager, viewed by V.S.; To correct child's name, own child's birth certificate, #288559, shows name as Rueben W. Hager., viewed by V.S.

IDAHO STATE BOARD OF HEALTH

DIVISION OF VITAL STATISTICS

RECEIVED
APR 11 01 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11985

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Reuben Hagar (Name on Original Certificate) who was born (Was Born or Died) on Mar. 3, 1913 (Date of Event)
in Viola, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Reuben Hagar	Reuben Hager
name of father	John Hagar	John Hager

Subscribed and sworn to before me this 28th day of
April, 1975.

Ellen A. Lesch
Notary Public, residing at 32 Orgon St. Clifton, N.J.
My commission expires .....
(Seal)

ELLEN A. LESCH
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 11, 1979

Signed Reuben W. Hager
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

22 EDGEWOOD RD., EDISON, N.J. 08817
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of
April, 1977.

Ellen A Lesch
Notary Public, residing at 32 Orgon St. Clifton N.J. 07011
My commission expires .....
(Seal)

ELLEN A. LESCH
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES DEC. 11, 1979

Signed Donald R Hunne
(Signature of Any Credible Person)

7 Cliffwood Rd, Whitehall, N.J.
(Street Address, City, State)

FORM DPH 55.155

Dischagre from the U.S. Army give namess Reuben W. Hager. born Mar 3, 1913 at Vioal, Idaho. date of separation inx is listed as March 19, 1946. viewed by V. S .

NOV 23 1977

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
OCT 12 1 48 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11985

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Reuben Hagar (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1913 (Date of Event)
in Viola, Idaho (Latah) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Reuben Hagar	Reuben W. Hager
father's name	John Hagar	John Hager

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of September, 19 77

Signed Daniel Hager
(Signature of Any Credible Person)

Notary Public, residing at SPOKANE WA
My commission expires 9-15-79
(Seal)

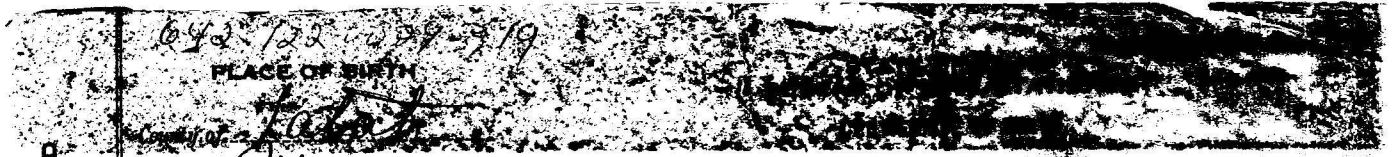
S. 4303 Stone St, Spokane, Wa.
(Street Address, City, State)

FORM DH 60-155

CL 5/11/77

Discharge from U.S. Army gives name as Reuben W. Hager. born Mar 3, 1913 at ~~Vii~~ Viola , Idaho. Date of Separation is listed as March 19, 1946. viewed by V. S.

Transcript from University of Idaho gives name as Reuben Wilson Hager born Mar 3, 1913 in Viola, Idaho. father's name as John Hager. Degree Granted B. S. (Ed.) in June 8, 1936. viewed by V. S.



PLACE OF BIRTH

County of Fulton

City of Mayfield

Registration ~~District~~ No. 15

File No. 11986

No. ..... St.

Primary Registration District No. 1008

Registered No. 86

Hospital

FULL NAME OF CHILD Norman Frost

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	March 22 1913

FATHER		MOTHER	
FULL NAME	W. H. Frost	FULL MAIDEN NAME	Bertha Carl
RESIDENCE	Geneseo	RESIDENCE	Geneseo
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Farmer	OCCUPATION	Home wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3-a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke M.D.

(Physician or midwife)

Address Mayfield, Ky.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr. 1 1913 [illegible] Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF B[illegible]

PLACE OF BIRTH

County of

931-21960 29-893

Form V. S. No. 11-C—20m-2-15-1[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Registration District No. 13 File No. 1987

Primary Registration District No. 1208 Registered No. 87

FULL NAME OF CHILD Marjorie Alice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	March 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Floyd J. Peasley	Hattie A Hill
RESIDENCE	Moscow	Moscow
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	18	17
BIRTHPLACE	Ill	Moscow
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ at 6 P M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. U. Clarke

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report

____ 19____

Filed April 1 19 13 W. H. Real

____ Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-9-15-42

APR 28 1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

255-120-29-453

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

Registration District No. 15 File No. 11989

Primary Registration District No. 1128 Registered No. 63

FULL NAME OF CHILD ARTHUR GLENHARD BENSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	Mar. 20 1913

FATHER		MOTHER	
FULL NAME	Gust Benson	FULL MAIDEN NAME	Martha P Mellom
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	U. S.	BIRTHPLACE	S. Dakota
OCCUPATION	Laborer	OCCUPATION	H. W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 4 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asbury M.D.
(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

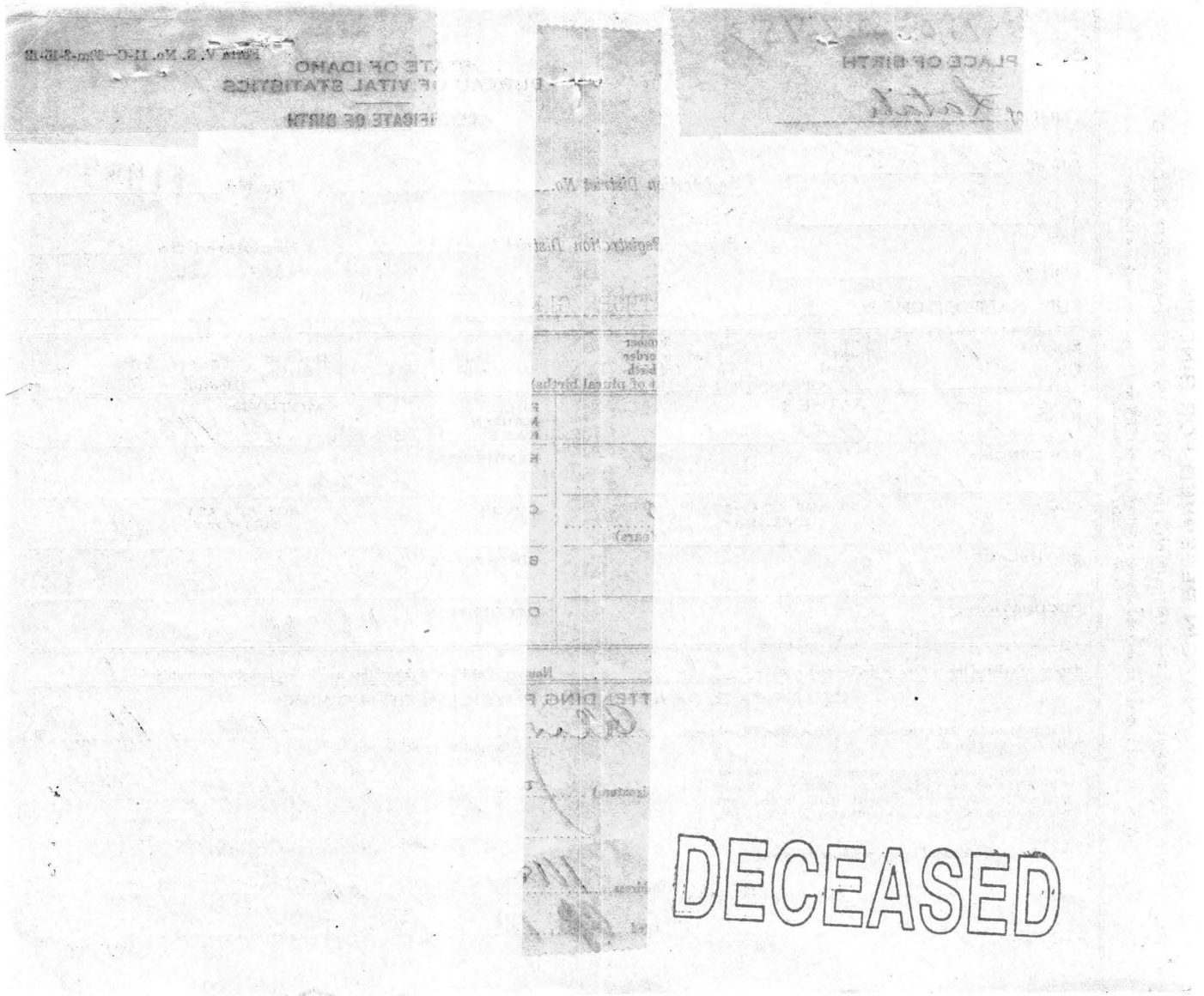
..... 19....

Filed Apr. 10 1913 M. F.
Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Latah } ss.

Certificate No. 11989

Date Filed June 1 - 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1913 (Date of Event)
in Moscow Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Record (Bible Record, Insurance Policy, Etc.) prepared on May 18 - 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Arthur Glenhard Benson
Birth Date	March 30, 1913	March 20, 1913

Subscribed and sworn to before me this 1st day of June, 1942

Martin L Merkley
Notary Public, residing at Moscow Idaho
My commission expires 4 at 4-1944
(Seal)

Signed Mrs Gustav Benson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
422 Lewis st Moscow Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Latah } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of June, 1942

Martin L Merkley
Notary Public, residing at Moscow Idaho
My commission expires 4-4-1944
(Seal)

Signed Dorthea K Ahl
(Signature of Any Credible Person Other Than Previous Year)
324 N. Howard St, Moscow Idaho
(Street Address, City, State)

JUN 18 1942

2|2-118-02-9-763

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 11990

Primary Registration District No. 1008 Registered No. 88

FULL NAME OF CHILD Jesse Albert — Bass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				yes	March 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. R. Bass	Grace Pallin
RESIDENCE	Moscow	Moscow
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Mo	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. N. Clarke M. D.

(Physician or midwife)

Address Moscow, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 1 1913 W. H. Rae Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-108-029-413

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Jefferson St.

Hospital Aspray

Registration District No. 15 File No. 11991

Primary Registration District No. 1008 Registered No. 80

FULL NAME OF CHILD George Arthur Grein

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	Mar. 8 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	George Grein	FULL MAIDEN NAME	Sadie Elenor Mack
RESIDENCE	Moscow, Ida.	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ayton, Ontario, Can.	BIRTHPLACE	Lincoln, [illegible]
OCCUPATION	Farmer	OCCUPATION	School Teacher

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Aspray MD

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 5 1913 W. H. Rae

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

8-27-4

319-110-029-255

PLACE OF BIRTH.

Form V. S. No. 11-C—20m-3-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. Asbury St.

Hospital

Registration District No. 15 File No. 11992

Primary Registration District No. 1008 Registered No. 81

FULL NAME OF CHILD Maynard M. Cary

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	Mar 10, 1913

FATHER		MOTHER	
FULL NAME	D. M. Cary	FULL MAIDEN NAME	Bessie Pearl Kenneth
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ill.	BIRTHPLACE	Mo.
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph Asbury M.D.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

.....19.....

Filed Apr. 5 19 13

.....
Registrar

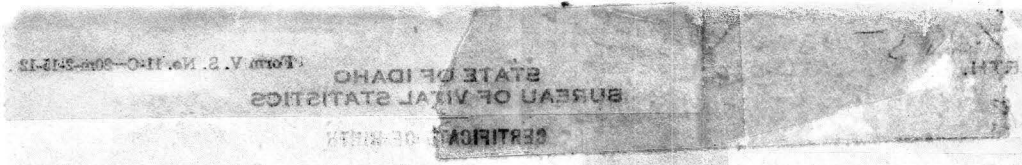
.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



DEC 27 1941

PLACE OF BIRTH AMENDED AUG. 27, 1956

14-113-037-413

DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of OWYHEE

City of DeLamar

No. ..... St. Registration District No. 30 File No. 11993

Hospital ..... Primary Registration District No. 2123 Registered No. 3

FULL NAME OF CHILD JOSE YGNACIO JAUSORO

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
MALE			YES	APRIL 13 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	THOMAS JAUSORO	FULL MAIDEN NAME	TOMASA MALLEA
RESIDENCE	DeLamar	RESIDENCE	DeLamar
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Miner	OCCUPATION	H. W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:30am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farrer

Physician
(Physician or midwife)

Address DeLamar, Idaho

Filed Apr 16, 192 1913 T. D. Farrer
Registrar.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Owyhee

City of D Lamar

No. ..... St.

Hospital .....

[redacted] OF IDAHO
VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

Registration District No. 38 File No. 11993

Primary Registration District No. 2123 Registered No. 3

FULL NAME OF CHILD Jawsoxo.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	April 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Jawsoxo.	Jawsoxo Mallea
RESIDENCE	D Lamar	D Lamar.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	28.
BIRTHPLACE	Spain	Spain
OCCUPATION	Miner.	H.W.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 9:30 A. M., on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Forman.

Physician
(Physician or midwife)

Address D Lamar Idaho.

Given names added from a supplemental report

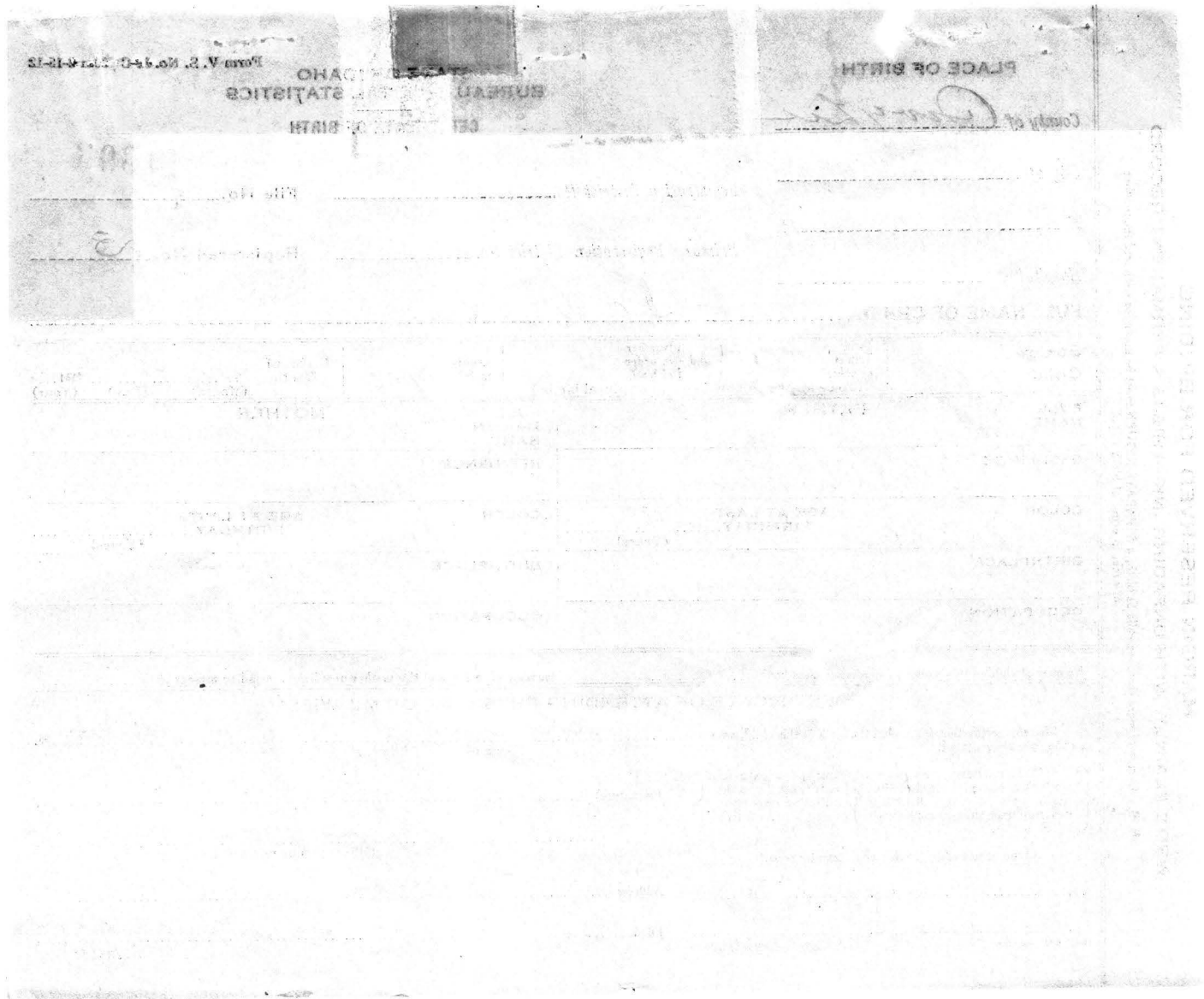
..... 19.....

Filed April 16 1913 T. D. Forman.

..... Registrar

8-Y CO. 20174

Registrar



Correct spelling of Mother's Name on another child's birth Cert. # 134584

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 11993

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Jausoro (Name on Original Certificate) who was born (Was Born or Died) on April 15, 1913 (Date of Event)
in DeLamar, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by confirmation certificate, St. Pauls Church, Nampa, Dec 9, 1928 (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:
Certificate of Marriage, St. Paul's Church, March 1, 1938 viewed by vital statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Jawsoro	Jose Ygnacio Jausoro
Father's Name	Jawsoro	Jausoro
Mother's Name	Thomasa Mallea	Tomasa Mallea

Subscribed and sworn to before me this 21 day of ....., 19..
Notary Public, residing at Nampa, Idaho
My commission expires 11-16-39
(Seal)

Signed Mrs J. S. Barrenechea
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
411 - 3rd Ave So - Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of ....., 19.5-6
Notary Public, residing at Nampa, Ida.
My commission expires 11-16-39
(Seal)

Signed James Jausoro
(Signature of Any Credible Person)
1608 N. Howard
Boise, Idaho
(Street Address, City, State)

FORM DPH 55.155 1 copy rec'd

AUG 27 1956

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] 2-15-12

County of [redacted]

City of DeLamar

Registration District No. 30 File No. 1994 2

No. ____ St.

Primary Registration District No. 2123 Registered No. 2

Hospital Caterina

FULL NAME OF CHILD ~~Margherita~~ Bugni

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Nov 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Bugni	Mary Fornetti
RESIDENCE	DeLamar Idaho	DeLamar,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	31
BIRTHPLACE	Italy	Italy
OCCUPATION	Miner	H.W.

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 N A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. D. Farmer

Physician (Physician or midwife)

Address DeLamar Idaho

Given names added from a supplemental report

....19....

....Registrar

Filed Apr 16 19[redacted]

[redacted] Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-7-57

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

City of Cherry Point

OCT 27 1958

815-110-037-393

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Owyhee

City of Grand View

*No*_____, _____*St.*

Hospital Wilkins

Registration District No. 30 **File No.** 2 11996

Primary Registration District No. 123 **Registered No.** 5

FULL NAME OF CHILD Burdette Hanna

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb 10, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harvey F. Hanna	Mary Lilly
RESIDENCE	Grand View	Grand View
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Rancher	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jno. R. Proctor

Physician

(Physician or Midwife)

Address Grand View Idaho.

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Mar 16 1913 T. D. Evans Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

1/14/41 L. B.

595·106-037-257

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Owyhee

City of Grandview

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 30 File No. 2 11997

Primary Registration District No. 2123 Registered No. 1

FULL NAME OF CHILD Alvin E. Vinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Jan 6, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jesse L Vinson	Esther Evarda Beaumont
RESIDENCE	Grand View Ida	Grand View Ida
COLOR / AGE AT LAST BIRTHDAY	White / 24 (Years)	White / 21 (Years)
BIRTHPLACE	Washington	Oregon
OCCUPATION	Rancher	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Proctor

Physician

(Physician or Midwife)

Address Grand View, Ida.

Given names added from a supplemental report

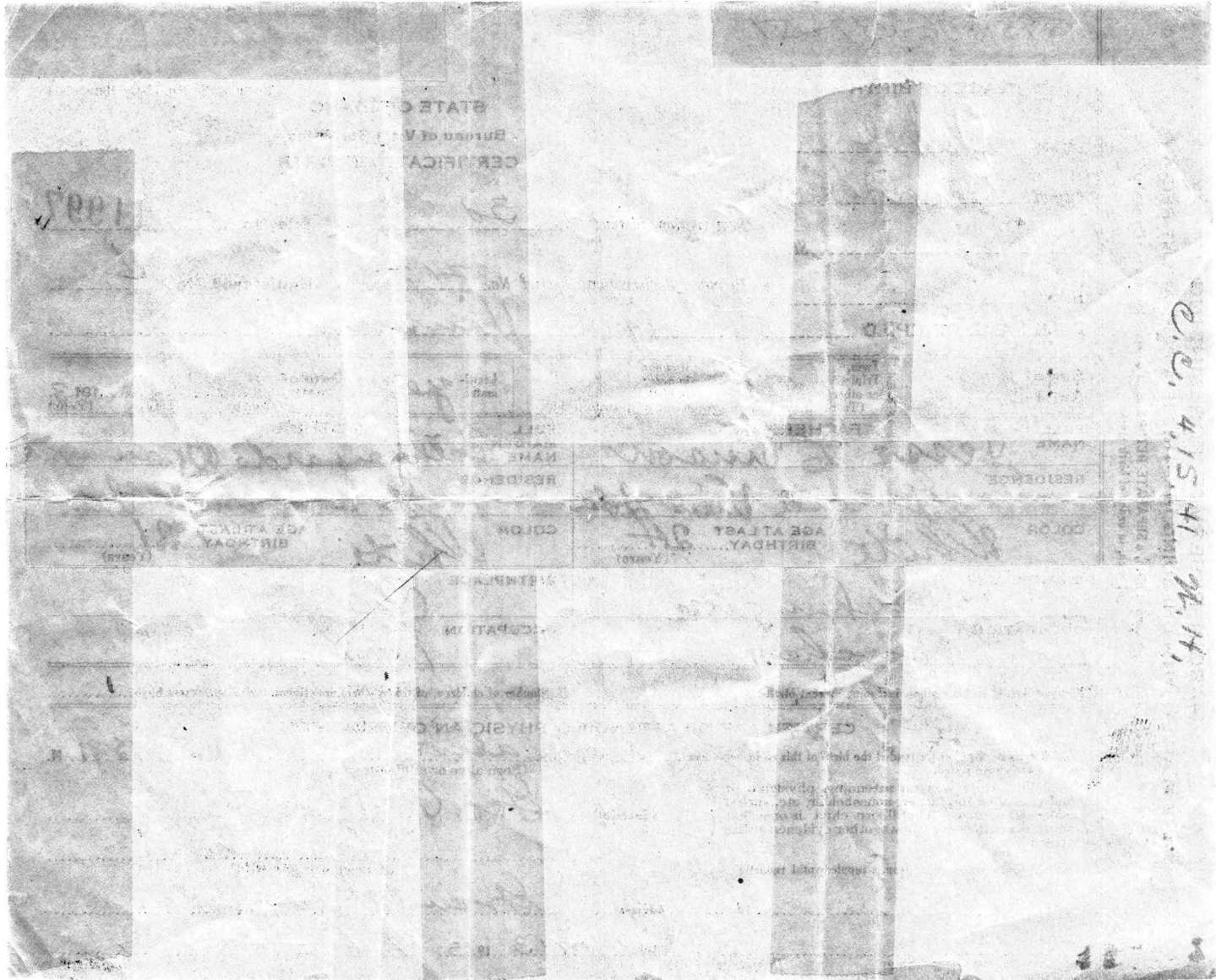
....., 19.....

Filed Mar 13 1913 J D Farmer

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Owyhee

City of Passadena Valley Registration District No. 38 File No. 1998

No. ____, ____ St.

Primary Registration District No. 2123 Registered No. 6

Hospital ____

FULL NAME OF CHILD Not-named- Glenn Harold Case

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	6	yes	Feb. 19 1913

FATHER		MOTHER	
FULL NAME	Riley F. Case	FULL MAIDEN NAME	Grace Simmons
RESIDENCE	Passadena Valley	RESIDENCE	Passadena Valley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Feb. 19th 1913 at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Apr 16 1913 T. D. Hamer Registrar

S-Y CO., 16670

PLACE OF BIRTH

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

11-15-65

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO }
County of ELMORE } ss.

Certificate No. 11998

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Case (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19, 1913 (Date of Event) in Passadena Valley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Not named	Glenn Harold Case

Subscribed and sworn to before me this 16th day of November, 1965

Notary Public, residing at Glenns Ferry, Idaho

My commission expires Feb. 14, 1968

(Seal)

X Signed Jasper Case

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3 1/4 So Bannock Glenns Ferry Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Eligibility and Entitlement, Veterans Administration, dated December 5, 1945 gives full name as Glenn Harold Case, born Feb. 19, 1913 - viewed by V.S.

JAN 3 1966

Honorable Discharge, U.S. Navy, Oct. 15, 1945 gives full name as Glenn Harold Case - viewed by V.S.

199-110-037-199

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Owyhee

City of Silver

No ____, ____ St.

Hospital ____

Registration District No. 30 File No. H999

Primary Registration District No. 2120 Registered No. 7

FULL NAME OF CHILD Antonio Arrizavalazo

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	April 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benito Arrizavalazo	Gridara Arrizavala
RESIDENCE	Flint, Idaho	Flint, Idaho
COLOR	White	
AGE AT LAST BIRTHDAY	31 (Years)	29 (Years)
BIRTHPLACE	Spain	Spain
OCCUPATION	Miner	House wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wilfred H. Schumacher M. D.

Physician

(Physician or Midwife)

Address Silver City, Idaho

Given names added from a supplemental report

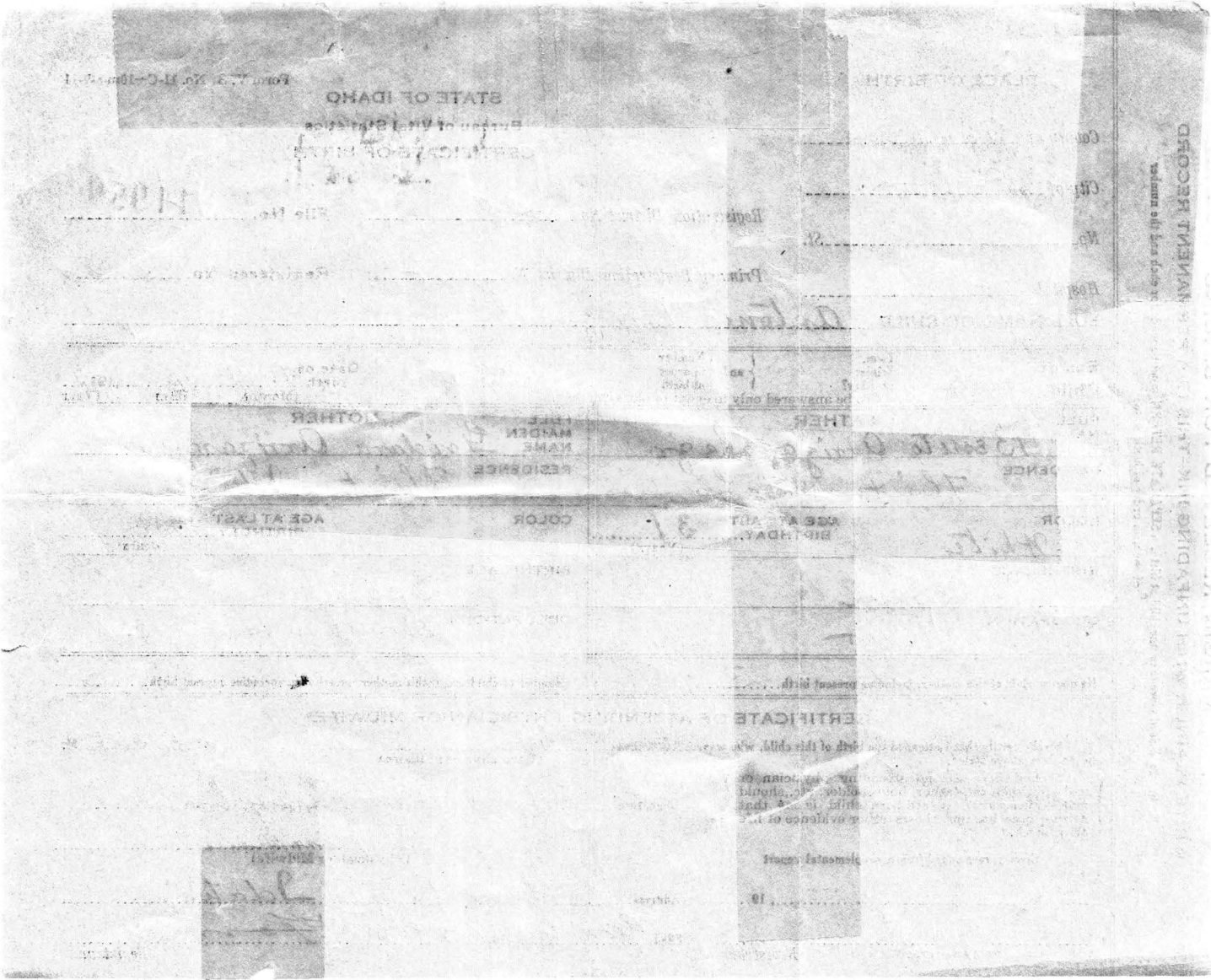
....., 19.....

Filed Apr 16 1913

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar



113 230-00X-285

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

[redacted] BUREAU OF [redacted] STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Bloomington Registration District No. 24 File No. 12000

No. ____ St. Primary Registration District No. 2091 Registered No. 46

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Mar 30 1913

FATHER		MOTHER	
FULL NAME	Ezra Seaburn	FULL MAIDEN NAME	Nora Shepherd
RESIDENCE	Bloomington	RESIDENCE	Bloomington
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Bloomington	BIRTHPLACE	Paris Idaho
OCCUPATION	Farmer	OCCUPATION	Cook

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W D Cooley

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

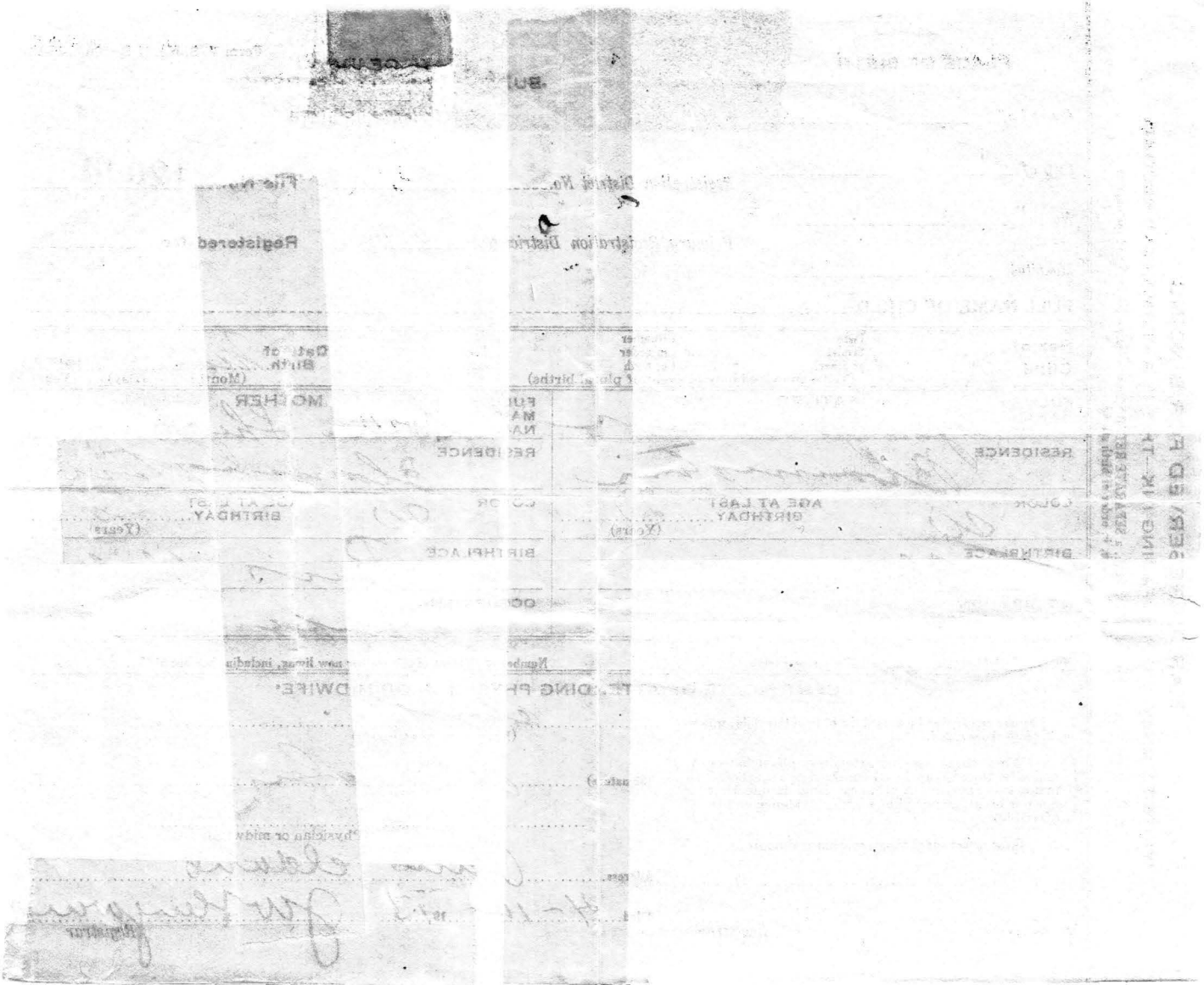
Filed 4-16-1913 J W Humphreys Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



65327 [illegible]

PLACE OF [illegible]

[illegible] Form V. S. No. [illegible]

[illegible] BUREAU OF VITAL STATISTICS

[illegible] CERTIFICATE OF BIRTH

County of Bear Lake

City of Paris

Registration District No. 24 File No. 12001

No. ..... St.

Primary Registration District No. 2092 Registered No. 46

Hospital .....

FULL NAME OF CHILD Zelda Adalene Welker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	May 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. Myron Welker	Sarah Lloyd
RESIDENCE	Bloomington	Bloomington
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	44	38
BIRTHPLACE	Bloomington	Montpelier
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Cooley

(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-14- 19 13 J. W. Sturgeon Registrar

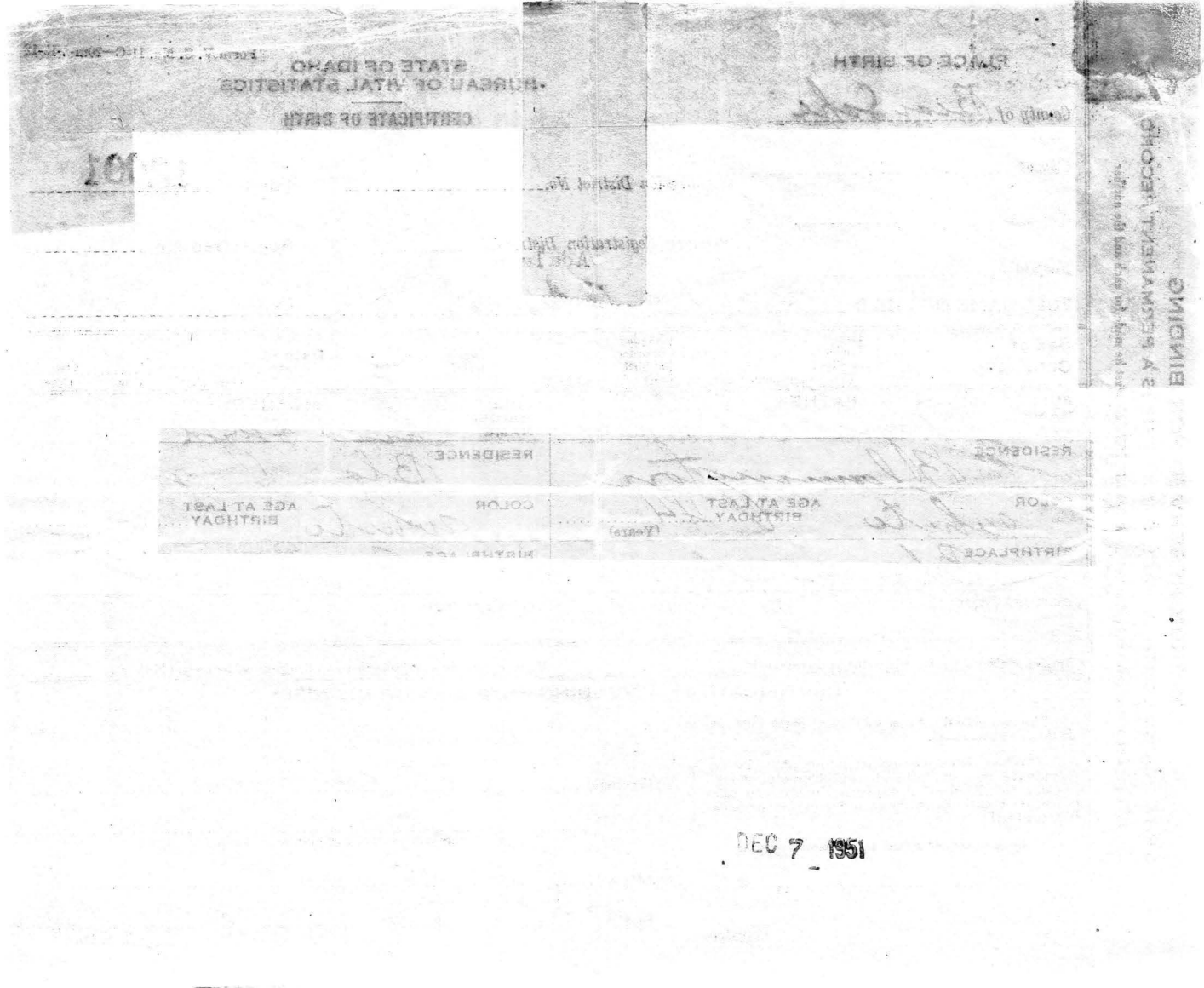
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



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CE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kenki

City of Gilmore,

Registration District No. 27

File No. 12002

No. ____, ____ St.

Primary Registration District No. 253

Registered No. 11

Hospital

FULL NAME OF CHILD Thomas Harrison Jewell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Henry Jewell	Bessie Woods
RESIDENCE	Gilmore Idaho.	Gilmore. Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	22
BIRTHPLACE	Melbern Kentucky	Kansas City. Missouri
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R W Hinkman M D

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 4/7 1913

O B Hatton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR [redacted] WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

BIRTHDAY

BIRTHPLACE

RESIDENCE

549-4/14:030-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Lemhi

City of Leadore

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 1

Registration District No. 27 File No. 12003

Primary Registration District No. 2116 Registered No. 12

FULL NAME OF CHILD Arthur Wilfred Virgina

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mch. 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rock Regina	Angelo ~~Rock~~ Navarro
RESIDENCE	Leadore Ida.	Leadore Ida.
COLOR	White	Copper
AGE AT LAST BIRTHDAY (Years)	58	40
BIRTHPLACE	Canada	Montana
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. P. Scroggs M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/9 19 13

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

COLOR	AGE AT LAST BIRTHDAY (Years)	RESIDENCE

613-117-030-766

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 12004

Primary Registration District No. 2116 Registered No. 9

FULL NAME OF CHILD John Goodrich Watkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 17 1913

FATHER		MOTHER	
FULL NAME	John Watkins	FULL MAIDEN NAME	Ethel Goodrich
RESIDENCE	Salmon	RESIDENCE	Salmon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	Ills
OCCUPATION	Mgr Tel Line	OCCUPATION	Housewife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Wright

Salmon

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

O B Watkins Registrar

Address .....

Filed 4/8 19 O B Watkins Registrar

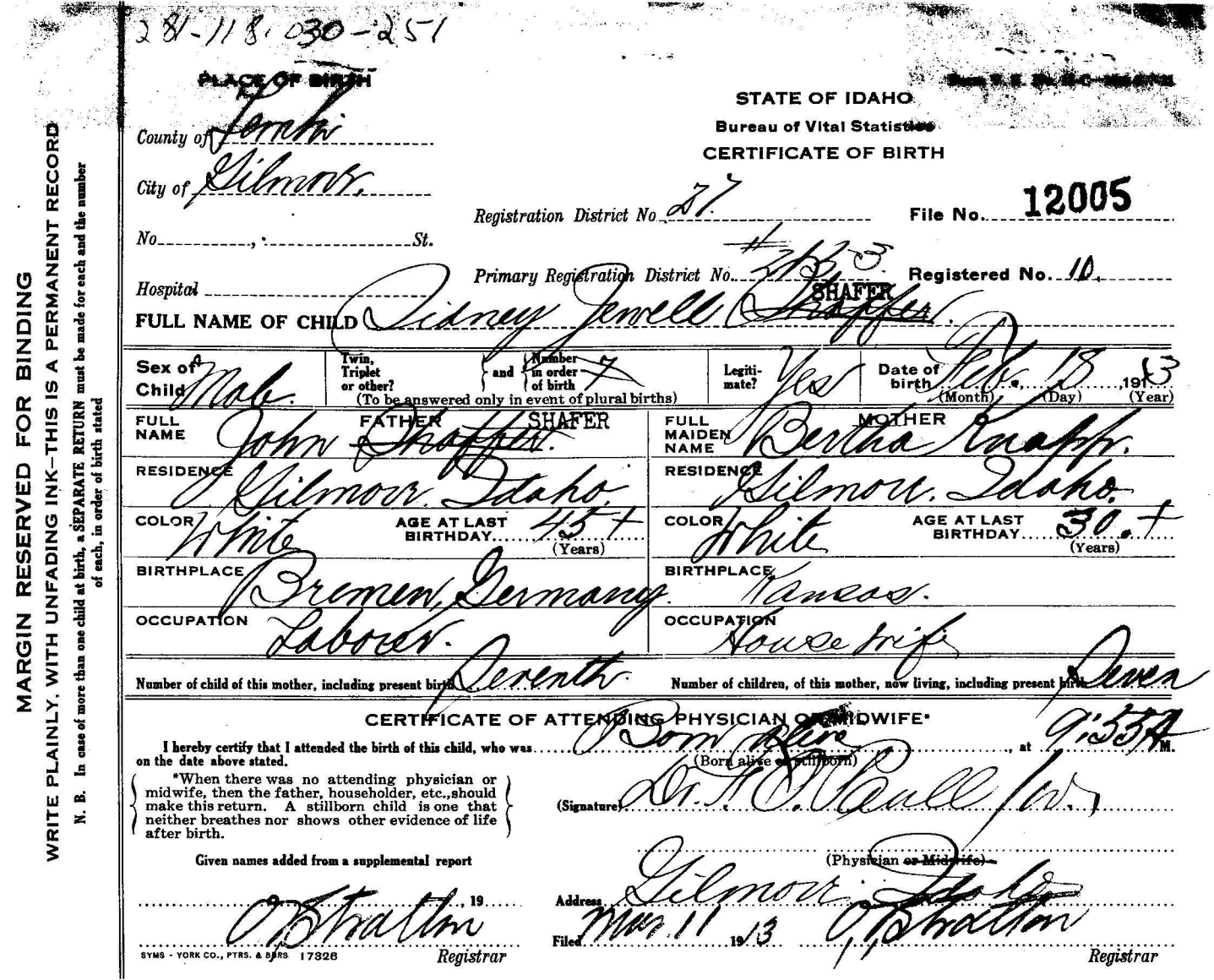
S-Y CO. 24658

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 2 1942



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PLACE OF BIRTH

County of Lemhi

City of Gilmore

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 12005

Primary Registration District No. #123 Registered No. 10

FULL NAME OF CHILD Sidney Jewell SHAFER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth 7	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			Yes	Feb. 13 1913

FATHER	MOTHER
FULL NAME John SHAFER	FULL MAIDEN NAME Bertha Knapp.
RESIDENCE Gilmore, Idaho.	RESIDENCE Gilmore, Idaho.
COLOR White AGE AT LAST BIRTHDAY 45+ (Years)	COLOR White AGE AT LAST BIRTHDAY 30+ (Years)
BIRTHPLACE Bremen, Germany.	BIRTHPLACE Kansas.
OCCUPATION Laborer.	OCCUPATION House Wife

Number of child of this mother, including present birth Seventh. Number of children, of this mother, now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:55 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. F. O. Paul Jr.

(Physician or Midwife)

Address Gilmore, Ida.

Given names added from a supplemental report

....., 19.....

O. Bratton

Registrar

Filed Nov 11 1913 O. Bratton

Registrar

SYMS - YORK CO., PTRS. & BKRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

NAME		
RESIDENCE		
COLOR	AGE AT LAST BIRTHDAY..... (Years)	

NAME		
RESIDENCE		
COLOR	AGE AT LAST BIRTHDAY (Years)	

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of MONTANA } ss.
County of BEAVERHEAD }

Certificate No. 12005

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH) for Sidney Jewell Shafer (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on February 18, 1913 (DATE OF EVENT) in Gilmore, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as are known by Bertha M. Shafer, the undersigned, mother of Sidney Jewell Shafer. (BIBLE RECORD, INSURANCE POLICY, ETC.)

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
SurName	Shaffer	Shafer

Subscribed and sworn to before me this 6th day of June, 19 42.

J. E. Kelley

Notary Public, residing at Dillon, Mont.

My commission expires Dec. 6, 1944

(SEAL)

Signed Bertha M. Shafer

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Argenta Montana

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of MONTANA } ss.
County of BEAVERHEAD }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge, he being Sidney Jewell Shafer's father.

Subscribed and sworn to before me this 6 day of June, 19 42.

J. E. Kelley

Notary Public, residing at Dillon, Mont.

My commission expires Dec. 6, 1944

(SEAL)

Signed John T. Shafer Sr

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Argenta Montana

(STREET ADDRESS, CITY, STATE)

Received for filing on JUN 8 1942 By

(REGISTRAR'S SIGNATURE)

JUN 2 0 1984

465-130-030-854

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Lemhi

City of Salmon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 15-C

CERTIFICATE OF BIRTH

Registration District No. 27 File No. 12006

Primary Registration District No. 2116 Registered No. 8

FULL NAME OF CHILD Chas M Dobler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				March 30 1913

FATHER	MOTHER
FULL NAME Wm Dobler	FULL MAIDEN NAME Byrha May Hodges
RESIDENCE Salmon	RESIDENCE Salmon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ills
OCCUPATION Machinist	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F J Wright MD

Salmon Ida

(Physician or midwife)

Given names added from a supplemental report.

..... 19.....

O P Stratton

Registrar

Address .....

Filed 4/8 1913

O P Stratton

Registrar

S-Y CO. 24655

DEC 27 1941

MAR 12 1975

MAY 24 1943

122, 207-698

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

RTH

County of Bear Lake

City of Moore

Registration District No. 21

File No. 12007

No. ____, ____ St.

Primary Registration District No. 2026

Registered No. 20

Hospital ____

FULL NAME OF CHILD Elmer Lavern Fox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	X	X	yes	Feb 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Parley Henry Fox	Dorothy Fry
RESIDENCE	Moore	Moore
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Idaho.	South Dakota.
OCCUPATION	Farmer	H. W.

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) D. C. Matthaei M. D.

(Physician or Midwife)

Address Arco, Ida.

Filed 7/30 19 13 Robt. H. Leigh Registrar

..... 19.....

..... Registrar

S-Y CO., 16669

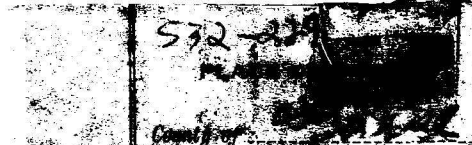
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

FEB 10 1942

MAR 10 1975



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Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Sweet

No. ____, ____ St.

Hospital ____

Registration District No. 6 File No. 12008

Primary Registration District No. 2026 Registered No. 62

FULL NAME OF CHILD Ina Eckroat

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day), 19 (Year)
F			Y	Jan 29, 1913

FATHER		MOTHER	
FULL NAME	Jesse Eckroat	FULL MAIDEN NAME	Belle Hill
RESIDENCE	Sweet	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at — M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

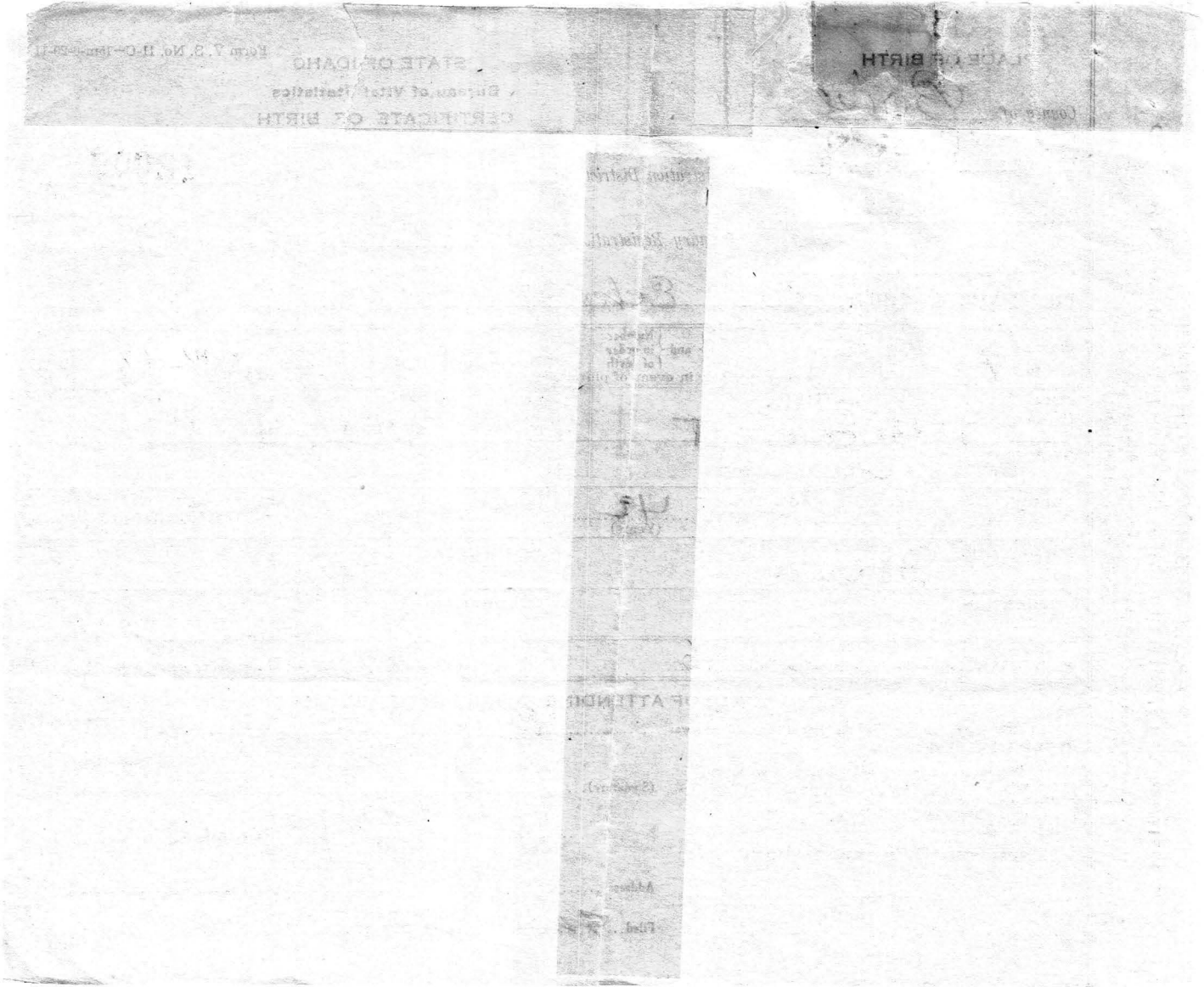
Filed Jan 17 19 13 A. E. Byrd Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



194-20-008-689

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Sweet

Registration District No. 6 File No. 12010

No. ....., ... St.

Primary Registration District No. 2026 Registered No. 7

Hospital .....

FULL NAME OF CHILD Unnamed Kidman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	July 1, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. G. Kidman	Emma W Luting
RESIDENCE	Sweet	Sweet
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	42	30
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) A. G. Byrd M.D.

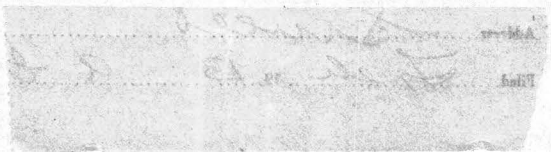
(Physician or Midwife)

Address Sweet

Filed July 19 13 A. G. Byrd
Registrar

S-Y CO., 16669

...and at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



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866-224-008-366

PLACE OF BIRTH

County of Boise

City of Placerville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 6

File No. 12014

Primary Registration District No. 2019

Registered No. 22

FULL NAME OF CHILD Mary Louise Howard.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)
Female			yes	[illegible]

FATHER		MOTHER	
FULL NAME	Guelda P. Howard	FULL MAIDEN NAME	Mary K. Co[illegible]
RESIDENCE	Placerville	RESIDENCE	Placerville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT BI[illegible]	23 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Day Laborer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at [illegible] on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz.

Physician

(Physician or Midwife)

Address G. P. Placerville

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar 17 1913 G. G. Fitz

G. G. Fitz
Registrar

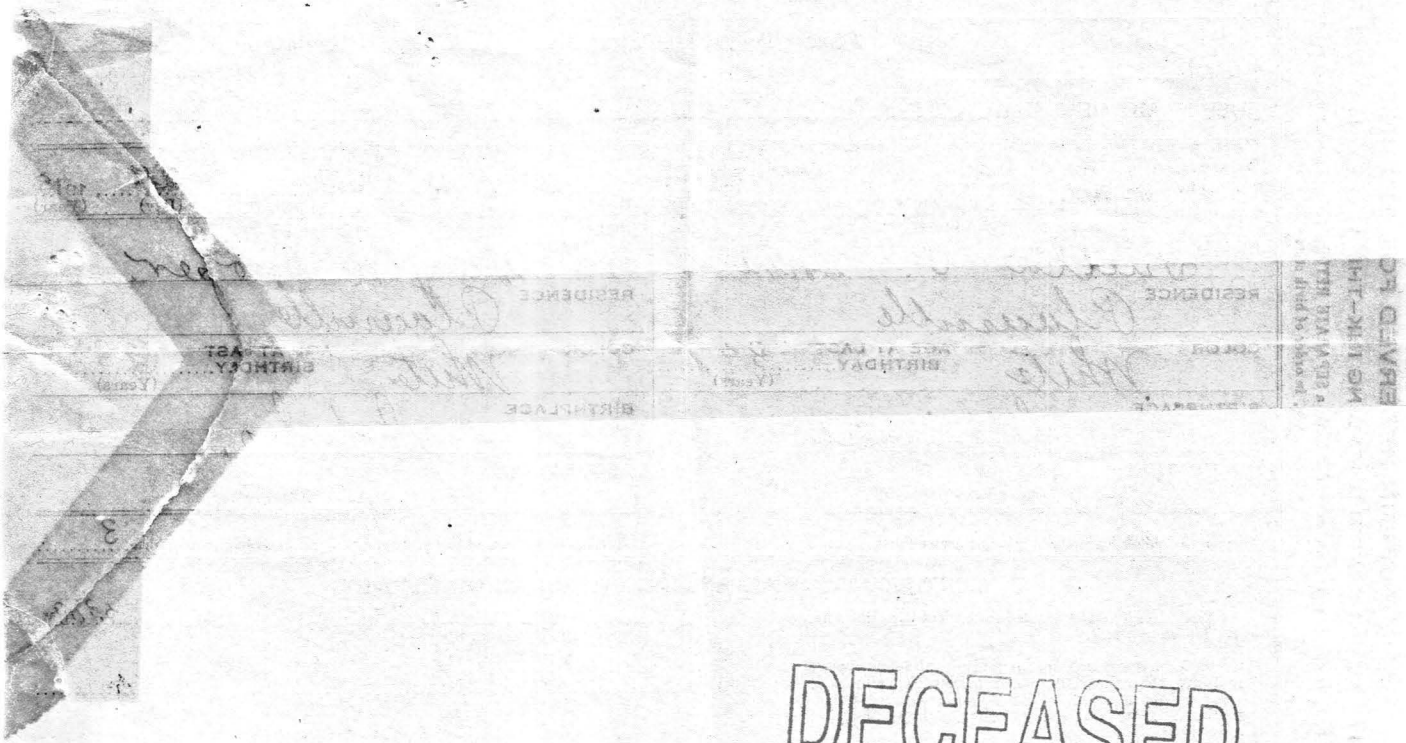
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 16 1941



DECEASED

168-103-008-275

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Boise

City of Placerville

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 12015

Primary Registration District No. 2019 Registered No. 2366

FULL NAME OF CHILD Robert Welbaley Johnston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	3 - 3 - 1913

FATHER

FULL NAME Charles Franklin Johnston

RESIDENCE Placerville Idaho

COLOR white AGE AT LAST BIRTHDAY 53 (Years)

BIRTHPLACE Pennsylvania

OCCUPATION Placer & quartz miner

MOTHER

FULL MAIDEN NAME Elizabeth Margaret Spencer

RESIDENCE Placerville Idaho

COLOR white AGE AT LAST BIRTHDAY 43 (Years)

BIRTHPLACE Ireland

OCCUPATION Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.05 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Fitz

Physician

(Physician or Midwife)

Address Placerville Idaho

Given names added from a supplemental report

....., 19....

.....
Registrar

Filed Mar. 10 1913 G. G. Fitz
Registrar

S-Y CO., 16670

c.c. 6/12/41. w.h.
10-6-41

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

SEP 30 1941

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Oregon)
)ss
County of Multnomah)

Certificate No. 12015

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Robert Wellesley Johnston (Name on original certificate) who was born (was born or died) on 3rd March 1913 (Date of event) in Placerville (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Baptismal Record (Bible record, insurance plcy.etc.) prepared on 1st August 1915 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate, etc.)	FROM (As on original)	TO (The correct facts)
No. of children of mother	4	5th

JUL 16 1942

Subscribed and sworn to before me this 25 day of Sept. 1941

Signed Elizabeth M. Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

E. E. Parker
Notary Public
Residing at Portland Or

5351 S. E. 89th Ave Portland Oregon
(Street address, City, State)

My commission expires May 2 - 1944

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Oregon)
)ss
County of Multnomah)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of Sept. 1941

Signed Charles F. Johnston
(Signature of any credible person other than the previous affiant.)

E. E. Parker
Notary Public
Residing at Portland Or

5351 S. E. 89th Ave Portland Oregon
(Street address, City, State)

My commission expires May 2 - 1944
(SEAL)

356/25-008-577

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Boise

City of Lowman

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 12016

Primary Registration District No. 2027 Registered No. 64

FULL NAME OF CHILD RAYMOND E. LeFEVER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	yes	2 26 1913

FATHER		MOTHER	
FULL NAME	Jesse Lefever	FULL MAIDEN NAME	Rose Eggert
RESIDENCE	Lowman Ida	RESIDENCE	Lowman Ida
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Wisc
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 a M. on the date above stated.

(Signature) G E Coggle M D

(Physician or Midwife)

Address .....

Filed June 17 19 13 a. B. Byrd Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report .....

..... 19.....

..... Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 2 1941

JUN 8 1944

DEC 1 5 1953

262-112-1008-255

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of Idaho

No. ..... St.

Registration District No. 6 File No. 12017

Primary Registration District No. 3027 Registered No. 65

Hospital .....

FULL NAME OF CHILD as yet not named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	M	3	yes	1-12-1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Kosta	Grace Kenney
RESIDENCE	Idaho	Idaho
COLOR	Wht.	Wht
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Austria	Ida
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G E Rossell M.D.

(Physician or Midwife)

Address Idaho Ida

Given name added from a supplemental report

..... 19.....

..... Registrar

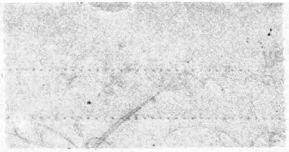
Filed Mar 17 1913 [illegible] Registrar

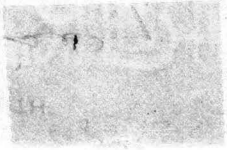
S-Y CO., 16669

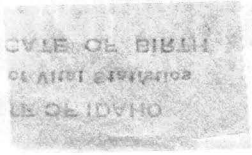
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated







114-115-008-269

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Boise

City of ..... Registration District No. 6 File No. 12018

No. ....., ... St. Primary Registration District No. 2027 Registered No. 66

Hospital .....

FULL NAME OF CHILD ~~Not yet named~~ ROBERT CHESNEY JAMESON

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	W	1	yes	1 15 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	W. J. Jameson	Clara Swift
RESIDENCE	Crawford	Kamiah
COLOR	Wht	Wht
AGE AT LAST BIRTHDAY (Years)	36	20
BIRTHPLACE	Mont.	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

(Signature) G O Mogle M D

(Physician or Midwife)

Address .....

Filed March 17 19 13 A. E. Boyd Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19.....

..... Registrar

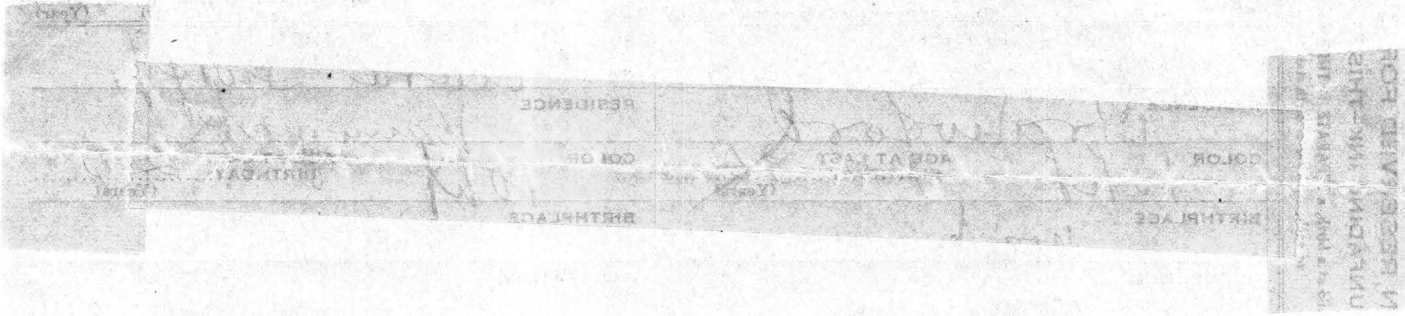
S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 2 6 1942



863-115-008-269

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—10m-6-20-11

CERTIFICATE OF BIRTH

County of Bose

City of Vanwyck Registration District No. 6 File No. 12020

No. ____, ____ St.

Primary Registration District No. 2027 Registered No. 70

Hospital ____

FULL NAME OF CHILD not yet named

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	M	1	yes	1 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earnest Hoff	Bessie Scott
RESIDENCE	Vanwyck	Vanwyck
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Mo	Mo
OCCUPATION	Stage driver	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6.30 P.M. (Born alive or stillborn) on the date above stated.

(Signature) G. E. Hoffell M.D.

(Physician or Midwife)

Address Vanwyck Idd

Filed Jan 17 1913 A. G. Byrd Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

____, 19____

____ Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE

OCCUPATION

BIRTHPLACE

666-21: 008-342

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Boise

City of Arrowrock.

No. Deer Creek Rr.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 6 File No. 12021

Primary Registration District No. 2131 Registered No. 3

FULL NAME OF CHILD Helen Louise Woodruff.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	x	x	Yes.	Jan 17 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John R. Woodruff.	Maude Cushman.
RESIDENCE	Arrowrock	Arrowrock.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	21.	17.
BIRTHPLACE	Pennsylvania.	Minnesota
OCCUPATION	Laborer.	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph H. Shaw

Physician (Physician or Midwife)

Address Arrowrock, Idaho.

Given names added from a supplemental report

....., 19.....

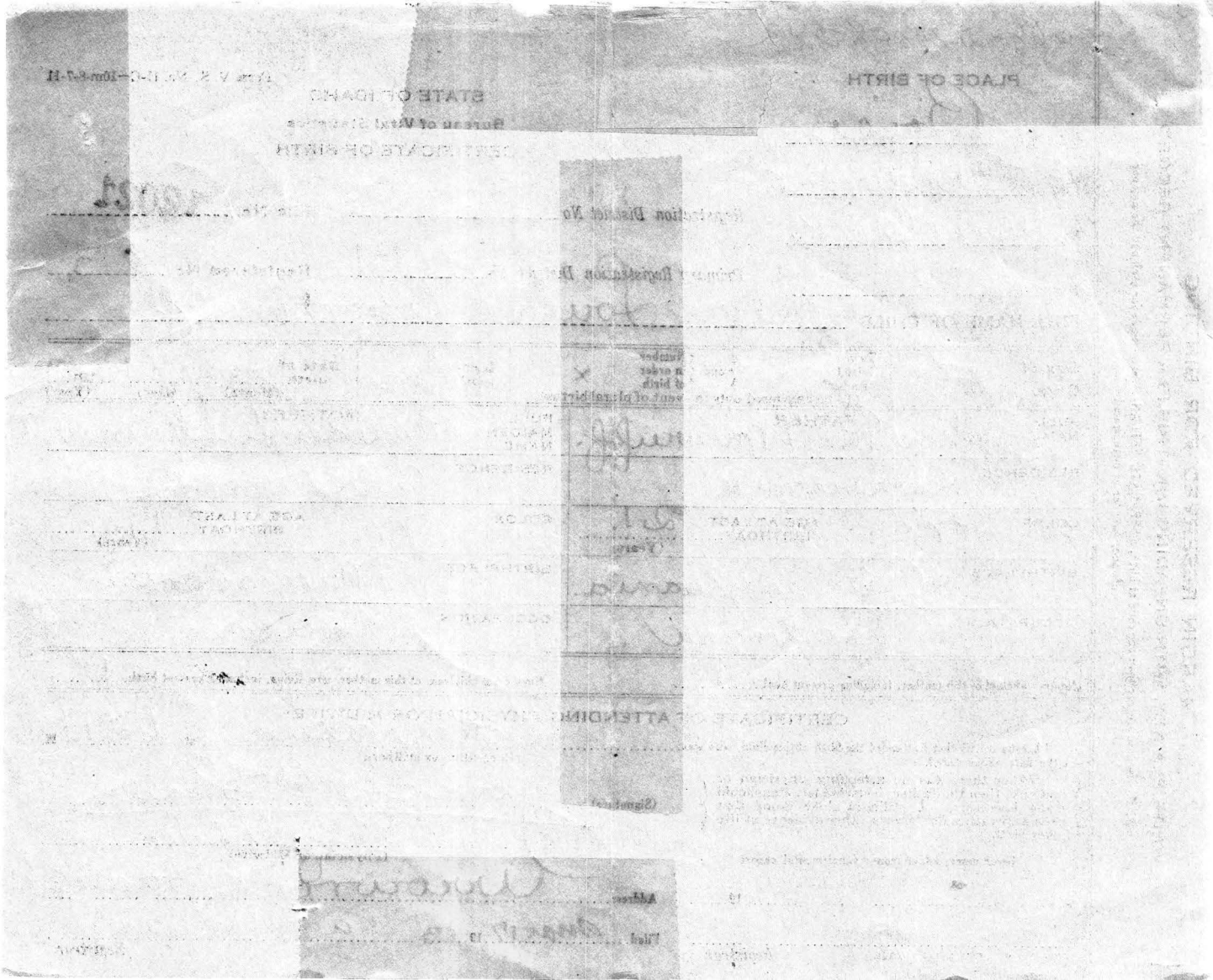
Filed Mar 17 1913 a. [illegible]

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

K



413-208-00

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 1

File No. 12023

No.

Primary Registration District No. 2002

Registered No. 42

Hospital

FULL NAME OF CHILD Margaret Maud Matthews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jos T Matthews	Maud H. Morrison
RESIDENCE	Eagle	Eagle
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	22
BIRTHPLACE	Wright Co Mo.	Boise Valley Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 7 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O E Bloom M.D.

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address

Filed Feb 12th 1913

J. M. Taylor
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 22 1943

166-129-col-253

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Eagle

Registration District No. 1 File No. 12024

No. ..... St.

Primary Registration District No. 2002 Registered No. 43

Hospital .....

FULL NAME OF CHILD ~~Dan~~ William Alvin Joplin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Jan 29 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred A Joplin	FULL MAIDEN NAME	Myrtle Kellum
RESIDENCE	Eagle	RESIDENCE	Eagle
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Benton Co. Mo.	BIRTHPLACE	Idaho Falls Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live alive (Born alive or stillborn) at 12.05 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D V Bloom M.D.

(Physician or midwife)

Address Eagle

Given names added from a supplemental report

..... 19.....

Filed Feb 10th 1913

S-Y CO. 20174

..... Registrar

J. M. Taylor Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

JAN 19 1948

053.331.001-719

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Rev. 6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1

File No. 12026

No. ____, ____ St.

Primary Registration District No. 2001

Registered No. 45

Hospital

FULL NAME OF CHILD Velma May Fetters

Sex of Child: F.	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate? yes	Date of birth: Jan. (Month) 31 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Grover Cleveland Fetters	FULL MAIDEN NAME	Bertha Ellen Garrett
RESIDENCE	Star	RESIDENCE	Star
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. E. Tangle M.D.

(Physician or Midwife)

Address .....

Filed Feb 14 1913 J. M. Taylor Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUL 1 1963

DECEASED

432-107-001-391

PLACE OF BIRTH

Amended 6-22-56

County of Ada

City of Meridian

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 12029

Primary Registration District No. 2003 Registered No. 48

FULL NAME OF CHILD EARL FRANCIS MCKIE

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 7 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Francis Lennard McKie	FULL MAIDEN NAME	Etta B. Crawford
RESIDENCE	Meridian, Idaho Rt. #1	RESIDENCE	Meridian Rt. #.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192.....

..... Registrar.

(Signature) H. F. Neal

Physician (Physician or midwife)

Address Meridian

Filed Feb. 10th 1913 J. M. Taylor Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

PLACE OF BIRTH

County of Ada

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. [illegible]

City of Meridian Registration District No. 1 File No. 12029

No. R# 2, St. Primary Registration District No. 2003 Registered No. 48

Hospital

FULL NAME OF CHILD Earl Francis McKee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	one	2nd	yes	Feb. 2, 1913

FATHER	MOTHER
FULL NAME: Francis Lenard McKee	FULL MAIDEN NAME: Etta B Crawford
RESIDENCE: Meridian Idaho R# 2	RESIDENCE: Meridian R# 2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Mo	BIRTHPLACE: Mo
OCCUPATION: Rancher	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.10 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neal

Physician

(Physician or Midwife)

Address Meridian

Given names added from a supplemental report

....., 19.....

Filed Feb 10 1913 J. M. Taylor

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 22 1956

DECEASED

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 120-29

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Earl Francis McKie (Name on Original Certificate) who was born (Was Born or Died) on February 2, 1913 (Date of Event)
in Meridian, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baby record At time of birth
Driver's License prepared on February 17, 1956
(Bible Record, Insurance Policy, Etc.) Viewed by Vital Statistics (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of birth	February 2, 1913	February 7, 1913

Subscribed and sworn to before me this 22 day of June, 1956

Notary Public, residing at Boise Idaho
My commission expires July 20, 1957
(Seal)

*Signed J. Leonard McKie
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #2, Meridian, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of June, 1956

Notary Public, residing at Boise Idaho
My commission expires July 20, 1956
(Seal)

*Signed Birdie Fink
(Signature of Any Credible Person)

419½ Main St. Boise Idaho
(Street Address, City, State)

FORM DPH 55. 155

1 Copy

442-106-001-565

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of S. Boise

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 12030

Primary Registration District No. 2004 Registered No. 49

FULL NAME OF CHILD Musgrove

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—		yes	2 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. H. Musgrove	Jennie Noel
RESIDENCE	S. Boise	S. Boise
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	34	18
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Shop Foreman (Car Barn)	Hse

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Calloway

Physician (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 21st 1913 J. M. Taylor Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 151479

256/106.001-647

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 12031

Primary Registration District No. 2001 Registered No. 50

FULL NAME OF CHILD Chester C. Bews

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Feby 6 1912

FATHER		MOTHER	
FULL NAME	William Bews	FULL MAIDEN NAME	Annie Odgers
RESIDENCE	Star	RESIDENCE	Star
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Montana	BIRTHPLACE	Conn.
OCCUPATION	Mechanic	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A W Hall MD

(Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

Mch 10th 1913

J. M. Taylor Registrar

Filed Feb 25 1913

J. M. Taylor Registrar

5-Y CO. 20174

APR 15 1942

AUG 27 1974

864-208-001-491

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian — Registration District No. 1 — File No. 12032

No. R 7 No 1 St. — Primary Registration District No. 2003 — Registered No. 51

Hospital

FULL NAME OF CHILD Gertrude Elaine Young

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 8 1913

FATHER		MOTHER	
FULL NAME	James W Young	FULL MAIDEN NAME	Nora Drake
RESIDENCE	Meridian	RESIDENCE	
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was yes (Born alive or stillborn) 11 at 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O L Baynes M D

yes (Physician or midwife)

Address Nampa

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Feb 25 1913 J. M. Taylor
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 11

452-244-001-893

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Star

No. ..... St.

Hospital .....

Registration District No. 1 File No. 12033

Primary Registration District No. 2001 Registered No. 52

FULL NAME OF CHILD MONA OLIVE Messecar

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.		3.	yes	July 14 1913

FATHER		MOTHER	
FULL NAME	Herbert Messecar	FULL MAIDEN NAME	Donna Hill
RESIDENCE	Star	RESIDENCE	Star
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Idaho
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 3. Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A A Hill MD (Physician or midwife)

Address Star Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 25 1913 J. M. Taylor Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

October 14, 1942
719 N. Heliotrope Drive,
Los Angeles, California.

TO WHOM IT MAY CONCERN

State of California)
County of Los Angeles) ss

I, Mrs. Donna Messecar, being first duly sworn, deposes and says as follows:

I am the mother of the child named in this affidavit; the personal and statistical particulars of whose birth are as follows: Name.-- Maude Olive Messecar, whose first name has since been changed to Mona.
Date of Birth. -- February 14, 1913.

Place of Birth.-- Star, Idaho.

Name of Father -- Charles Messecar. Color of Race-- White.

Residence of Child's Birth.-- Star, Idaho.

Age at Child's Birth.-- Fifty.

Birthplace.-- Buffalo, New York.

Occupation at Child's Birth.-- Farmer.

Maiden Name of Mother.-- Donna Anna Hill. Color or Race.-- W

Residence at Child's Birth.-- Star, Idaho.

Age at Child's Birth.-- Thirty. Birthplace.-- Star, Idah

Occupation at Child's Birth.-- Housewife.

I have personal knowledge of the birth of this child because I am the mother.

Affiant Donna Messec
Address 719 N. Heliotrope
Los angeles.

Subscribed and sworn to before me
this 14th day of October 1942.

Notary Public in and for
said County and State

FEB 17 1943
MAR 26 1943
OCT 21 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

534-1H7.001-547

City of Guardian Registration District No. 1 File No. 12034

No. R 1 2 No 1 St. Primary Registration District No. 2003 Registered No. 33

Hospital

FULL NAME OF CHILD ALFRED Irvin [redacted] Sturgeon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 17 1913

FATHER		MOTHER	
FULL NAME	Irvin R Sturgeon	FULL MAIDEN NAME	Lillie Fields
RESIDENCE	Guardian	RESIDENCE	Guardian
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Colo
OCCUPATION	Ranches	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P L Payne (Physician or midwife)

Address Hampton

Given names added from a supplemental report

19

Registrar

Filed Feb 25 1913 J. M. Taylor Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho, } ss
County of Lincoln, }

Certificate No. 12034
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Alfred Newton Sturgeon (Name on original certificate) who was born (Was born or died) on February 17, 1913 (Date of event)
in Meridian, Idaho, (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by knowledge of affiant, ~~prepared on~~ who is his mother (Bible record, insurance policy, etc.) (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name.	Alfred Newton Sturgeon.	Alfred Irvin Sturgeon.

Subscribed and sworn to before me this 11th. day of March, 1942.
Ross B. Haddock.
Notary Public, residing at Shoshone, Idaho.
My commission expires March 26, 1945.
[SEAL]

Signed Mrs. D. N. Sturgeon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
R. F. D. Shoshone, Idaho.
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho, } ss.
County of Lincoln, }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge. The undersigned is the father of said Alfred Newton Sturgeon.

Subscribed and sworn to before me this 11th. day of March, 1942.
Ross B. Haddock.
Notary Public, residing at Shoshone, Idaho.
My commission expires March 26, 1945.
[SEAL]

Signed D. N. Sturgeon
(Signature of any credible person other than the previous affiant)
R. F. D., Shoshone, Idaho.
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

68 [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of _____ Registration District No. 1 File No. 12035

No. Green Meadow, St. Gulch

Primary Registration District No. 2002 Registered No. 54

Hospital _____ Wheeler

FULL NAME OF CHILD _____

Sex of Child: Male	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth: 3	Legitimate? Yes	Date of birth: 2 (Month) – 24 (Day), 1913 (Year)	

FATHER		MOTHER	
FULL NAME	Jno V. Wheeler	FULL MAIDEN NAME	Ethel Budden
RESIDENCE	Boise	RESIDENCE	Boise Ada
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3.

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Froom

M.D.

(Physician or Midwife)

Address Boise Ada

Given names added from a supplemental report

2 – 24 – , 1913

Registrar

Filed Feb 25 1913 J. M. Taylor

Registrar

S-Y CO., 16670

281-126 1001-493

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise R.F.D. No 2

No. ¼ mi W. Perkins St.

Hospital

Registration District No. 1

File No. 12036

Primary Registration District No. 2004

Registered No. 55

FULL NAME OF CHILD Alvah Oswald Shawver

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feb 26th, 1913

FATHER	MOTHER
FULL NAME: Ray P. Shawver	FULL MAIDEN NAME: Olive A. Michael
RESIDENCE: ¼ mi W of Perkins	RESIDENCE: ¼ mi W. Perkins
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Montana	BIRTHPLACE: Colorado
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1 2nd

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 26 1913

J. M. Taylor

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 5 1946

JUL 31 1946

236-114-04-366

PLACE OF BIRTH Ada

County of South Baise

City of South Baise Registration District No. 1 File No. 12037

No. St.

Primary Registration District No. 2004 Registered No. 56

Hospital PHILIP

FULL NAME OF CHILD Stout James Stout

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Blank S. B. No. B-C—20m-2-15-12

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	2 14 1913

FATHER		MOTHER	
FULL NAME	James Stout	FULL MAIDEN NAME	Elsie Carr
RESIDENCE	S Baise	RESIDENCE	S. Baise
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	S. Baise Ida.	BIRTHPLACE	Scotland
OCCUPATION	Laborer	OCCUPATION	Hse.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M Allen Calloway

(Physician or midwife)

Address Boise

Given names added from a supplemental report

Mch 10th 1913

J. M. Taylor Registrar

Filed March 3rd 1913 J. M. Taylor Registrar

B-Y CO. 20/14

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 22 1949

dup of 1913-157152
+ dup of 1913-151453

O.C. 4/23/41 EW

766104.001-766

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Star

Registration District No. 1 File No. 12038

No. ..... St.

Primary Registration District No. 2001 Registered No. 57

Hospital

FULL NAME OF CHILD Baby Goodmare

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			No.	Mar 4 1912

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Nora Goodmare.
RESIDENCE		RESIDENCE	Star
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	W. AGE AT LAST BIRTHDAY 19. (Years)
BIRTHPLACE		BIRTHPLACE	Near Star
OCCUPATION		OCCUPATION	House Servant

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 7.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. L. Hazelwood M.D.

Star Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Mch 7th 1912 J. M. Taylor Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 9 1960

24I/12:001-859

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Franklin School D-

Registration District No. 1

File No. 12039

No. ____ St.

Primary Registration District No. 2004

Registered No. 58

Hospital ____

FULL NAME OF CHILD Max Eldon Buchanon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	Feb 12 1913

FATHER		MOTHER	
FULL NAME	Wm Buchanon	FULL MAIDEN NAME	Addie Herrel
RESIDENCE	Franklin School D-	RESIDENCE	Franklin School D-
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kas.	BIRTHPLACE	Neb-
OCCUPATION	Clerk	OCCUPATION	H. W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive or [redacted]) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Burk

(Physician or [redacted])

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed Mch 8th 1913 J. M. Taylor

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 22 1971

IDAHO DEPARTMENT OF HEALTH 11 22 71

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED NOV 24 1971 Bureau of Vital Statistics

State of .....
County of .....

Certificate No. 12039

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Buchanan (Name on Original Certificate) who was born (Was Born or Died) on Feb. 12, 1913 (Date of Event) in Ada County Franklin School Dist. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Buchanan	Max Elden Buchanan

Subscribed and sworn to before me this 23rd day of December, 19 71

Notary Public, residing at Idaho Falls Idaho

My commission expires May 15 - 1974

(Seal)

Signed Molly Buchanan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 / Copy Pd Rec. # 270376 (11-22-71)

NOV 2 4 1971

Social Security Card No. 518-09-5842 Form OA-702.1 Rev. (7-54)
gives name as Max Eldon Buchanan.

Viewed by VS

Own childs birth Certificate Bruce Eldon Buchanan born April 22, 1947
Idaho State File No. 436560 gives fathers name as Max Eldon Buchanan

Viewed by VS

866-221-001-866

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of

No. Gary Station

Hospital

Registration District No. 1

Primary Registration District No. 2002

File No. 12040

Registered No. 89

FULL NAME OF CHILD Elizabeth Howe

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			L	Feb 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Peter Howe	Elizabeth Howe
RESIDENCE	Gary Station	Gary Station
COLOR	Wh	Wh
AGE AT LAST BIRTHDAY	47 (Years)	46 (Years)
BIRTHPLACE	Germany	Germany
OCCUPATION	Baker	H W

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]), at 1:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Baecke

(Physician [redacted])

Address Boise Ida

Given names added from a supplemental report

..... 19.....

Filed Mch 8 1913

..... Registrar

J. M. Sayles Registrar

8-Y CO. 20174

FEB 5 1975

236-124-001-253

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. Ivy Wild St.

Hospital

Registration District No. 1

Primary Registration District No. 2004

File No. 12041

Registered No. 60

FULL NAME OF CHILD Bellow J. Block

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			L	Feb. (Month) 24 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph P Block	Erma Bellow
RESIDENCE	Ivy Wild	Ivy Wild
COLOR	W	W
AGE AT LAST BIRTHDAY	30 (Years)	22 (Years)
BIRTHPLACE	Ore	Wash
OCCUPATION	Harnessmaker	H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]E*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]rn) at 5.5 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Block

(Physician [redacted])

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 8 1913

J. M. Taylor Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 17 1971

285-102-00-266

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. W Whitney School Dst.

Hospital /

Registration District No. 1 File No. 12042

Primary Registration District No. 2004 Registered No. 61

FULL NAME OF CHILD Hershel Chester Sheely

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	Mar 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John C. Sheely	Nora Mae Swope
RESIDENCE	W Whitney School D.	W Whitney School D
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Ill.	Ia.
OCCUPATION	Laborer	H. W

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or [redacted]), at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ind Boucher

(Physician or [redacted])

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

Filed Mch 8th 1913 J. M. Taylor Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 0 1942

APR 7 1961

3/26/41 Z.J.

3/8/10 3 c 76599

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 12046

Primary Registration District No 2119 Registered No. 71

FULL NAME OF CHILD Carlos Erickson Taylor

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Jan. 3, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph S. Taylor	FULL MAIDEN NAME	Anna Erickson
RESIDENCE	Preston, Idaho	RESIDENCE	Preston, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Fairview, Idaho.	BIRTHPLACE	Logan, Utah.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan. 3, 1913 at 10, P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G. W. State

Physician
(Physician or Midwife)

Address Preston, Idaho.

Filed 3/8 19 13 D. C. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 7 1972

24 1-22-36434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Preston

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 12047

Primary Registration District No. 2119 Registered No. 77

FULL NAME OF CHILD Idana Swainston

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Yes	Jan. 22, 1913

FATHER	MOTHER
FULL NAME: Nathen Swainston	FULL MAIDEN NAME: Jaunita Ruby Alder
RESIDENCE: Preston Ida.	RESIDENCE: Preston Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 21 (Years)	AGE AT LAST BIRTHDAY: 16 (Years)
BIRTHPLACE: Whitney	BIRTHPLACE: Logan, Utah.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) Jan. 22, 1913 at 5:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G. W. Slater

Physician
(Physician or Midwife)

Address Preston Idaho

Filed 3/8/13 D. C. Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 8 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 12047

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Swainston (Name on Original Certificate) who was born (Was Born or Died) on January 22, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Idana Swainston

Subscribed and sworn to before me this 4th day of April, 1968.

Notary Public, residing at Preston, Idaho

My commission expires 5-22-1971

(Seal)

Signed X Wanesta Ruby Alder
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

83 South 1 East Preston, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 L. 4-1-68. 1 copy pd. Rec. #30946.

Own child's birth certificate on file Idaho, File #284882, gives name of mother as Idana Swainston, born Preston, Idaho, age 26 - viewed by V.S. APR 24 1968

Certificate of Blessing, L.D.S. Church Record, gives name of child as Idana Swainston, born Jan. 22, 1913, at Whitney, Oneida, Idaho, daughter of Nathan Swainsto and Waneita Alder, blessed April 8, 1913 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

516-22-2362 793

amended 8/5/80

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Preston

No ....., ... St.

Hospital .....

Registration District No 18 File No. 12048

Primary Registration District No. 2119 Registered No. 73

FULL NAME OF CHILD Zeneth Hobbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 22, 1913

FATHER	MOTHER
FULL NAME George Hobbs	FULL MAIDEN NAME Etta Gilbert
RESIDENCE Preston, Ida.	RESIDENCE Preston, Ida.
COLOR White	AGE AT LAST BIRTHDAY 25 (Years)
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Franklin, Ida.	BIRTHPLACE Fairview, Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on Jan 22, 1913 at 9, a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) G W States

Physician

(Physician or Midwife)

Address Preston, Idaho

Filed 1/8 19 13 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

7-23-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 30 7 29 AM '80

State of IDAHO
County of ONEIDA } ss.

Certificate No. 12048
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Mozelle Hobbs (Name on Original Certificate) who was born (Was Born, Died, etc.) on Jan. 22, 1913 (Date of Event)
in Preston (Oneida) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Mozelle Hobbs	Zeneth Hobbs

Subscribed and sworn to before me this 25th day of July, 1980.

Notary Public, Raine M. Lowry
Residing at SLC, Utah
My commission expires MY COMMISSION EXPIRES NOVEMBER 16, 1983
(Seal)

Zeneth Hobbs
Zeneth H. Farnsworth
Signature of Applicant

1727 Zenith ave Salt Lake City, Utah
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of _____
County of _____ } ss.

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Family Bible record gives nme as Zeneth Hobbsborn Jan 22, 1913 at Preston Idaho. date of birth 6/22/1913. viewed by V. S

AUG 5 1980

Riverside Polytechnic School, Reiverside, Califonią gives name as Zeneth Hobbs. dated June 20, 1930. viewed by V. S.

Amended 4-18-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12053
Local Reg. No. 78
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Pearl b. (Middle): Blanch c. (Last): South

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): February 17, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): David b. (Middle): c. (Last): South

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): North Carolina

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ella b. (Middle): c. (Last): Thomas

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): North Carolina

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. M. Kerns, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3/8/1913

22. REGISTRAR'S SIGNATURE: D.C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED FEB 7 1967 Bureau of Vital Statistics

State of Idaho
County of Bannock } ss.

Certificate No. 12053

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Pearl Blanch South (Name on Original Certificate) who was born (Was Born or Died) on Feb. 7, 1913 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	Feb. 7, 1913	February 17, 1913

Subscribed and sworn to before me this 5 day of Feb, 1967

Wayne L. Loveless
Notary Public, residing at Pocatello, Idaho
My commission expires 1 Mar 1970
(Seal)

Signed David South
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
154 South Main Malad Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5 day of Feb, 1967

Wayne L. Loveless
Notary Public, residing at Pocatello, Idaho
My commission expires 1 Mar 1970
(Seal)

Signed Lurline A Budge
(Signature of Any Credible Person)
170 S Main, Malad City Idaho
(Street Address, City, State)

FORM DH 60-155

CL 1-9-67. one copy pd. rec. #6691.

L.D.S. Church Cert. of Baptism and Confirmation, March 11, 1951 gives full name as Pearl Blanch South Briggs, daughter of A David Asbery South and Ella Minnie Thomas, born February 17, 1913 at Malad, Idaho - viewed by VSS

Admission Record, St. Anthony Mercy Hospital, Pocatello, Idaho, dated Nov.6,1957 gives full name as Pearl B Briggs, age 44, born Feb. 17, 1913 at Malad, Idaho - husband's name is given as Edwin C. Briggs - Admission Clerk-Margaret Henman - viewed by V.S.

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12053

Primary Registration District No. 2069 Registered No. 78

FULL NAME OF CHILD Earl Blanch South

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	/	3	Yes	2 — 7 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David South	Ella Thomas
RESIDENCE	Malad Ida.	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	North Carolina	North Carolina
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of childrea, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn) at 3:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) J. M. Nerud M.D.

(Physician or Midwife)

Address Malad Ida

Filed 3/8 1913 W. Clay Registrar

S-Y CO., 16670

NOV 29 1966
APR 18 1967

962-113-076-234

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad Registration District No. 18 File No. 12054

No. ____, ____ St. Primary Registration District No. 7069 Registered No. 79

Hospital Robitaille

FULL NAME OF CHILD ~~David~~ Stuart Perrie

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/	2	Yes	2 / 13 / 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Robitaille	Gina Stuart
RESIDENCE	Malad Ida.	Malad Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Wakefield Mass.	Malad Ida.
OCCUPATION	Harness Maker.	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc.; should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Burns. M.D. (Physician or Midwife)

Address Malad Ida.

Given names added from a supplemental report

....., 19.....

Filed 3/8 1913 D C Ray Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 12 1971

MAY 26 1972

261-21-036-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Oneida

City of Whitney

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12055

Primary Registration District No. 2119 Registered No. 80

FULL NAME OF CHILD Thelma Swainston

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	L	1	Yes	Feb 17, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Milo Swainston	FULL MAIDEN NAME	Myrtle McJenkins
RESIDENCE	Whitney, Idaho.	RESIDENCE	Whitney Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Whitney, Ida.	COLOR	White
OCCUPATION	Farmer.	AGE AT LAST BIRTHDAY (Years)	19
		BIRTHPLACE	Fairview, Idaho.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 17, 1913 at 2:50 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Yates

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

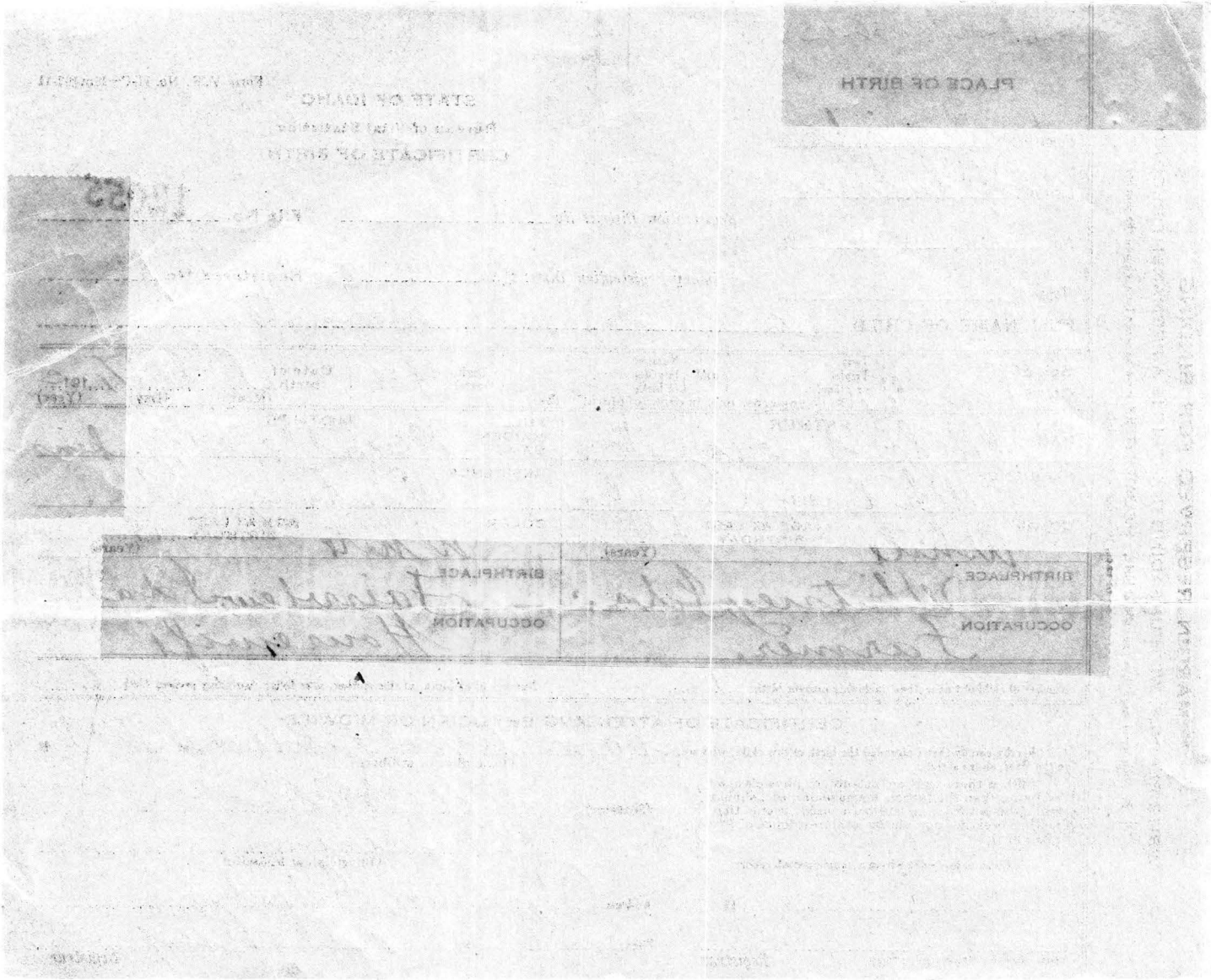
Address Preston, Idaho.

Filed 3/8 1913 D. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



893.119-036-165

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 12056

Primary Registration District No. 2069 Registered No. 81

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
M		Yes	Feb 19 1910

FATHER		MOTHER	
FULL NAME	William Hill	FULL MAIDEN NAME	Thorbal Jones
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Malad	BIRTHPLACE	Malad
OCCUPATION	Farmer	OCCUPATION	Housewife

[Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Altons

Physician

(Physician or Midwife)

Address Malad

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 3/10 1910 D. L. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

978.101-036-356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Owyhee

City of Malad

Registration District No. 18 File No. 12057

No. ..... St.

Primary Registration District No. 2069 Registered No. 81

Hospital .....

FULL NAME OF CHILD Jessie Lewis Ray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	2 15 1913

FATHER	MOTHER
FULL NAME Dailey C. Ray	FULL MAIDEN NAME Martha Lewis
RESIDENCE Malad, Ida.	RESIDENCE Malad,
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Malad, Ida.
OCCUPATION Physician & Surgeon	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), on the date above stated, at 9:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Nevius M.D.

(Physician or midwife)

Address Malad Ida.

Given names added from a supplemental report

..... 19.....

Filed 2-12 19 13

..... Registrar

D. C. Ray Registrar

S-Y CO. 20174

AUG 14 1963

367-206-036-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11.C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12058

Primary Registration District No. 2069 Registered No. 83

FULL NAME OF CHILD Edna To Ponce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
female	Twin	1st	yes	Feb 6 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John C To Ponce	FULL MAIDEN NAME	Beatrice House
RESIDENCE	Malad City	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	laborer	OCCUPATION	house wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City - Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-12 19 3 D C Ray Registrar

..... Registrar

S-Y CO. 20174

JAN 13 1966

367.206.036-864

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 18 File No. 12059

Primary Registration District No. 2069 Registered No. 84

FULL NAME OF CHILD Ermas To Ponce

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	Twin	2nd	yes	2 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John C. To Ponce	Beatrice Howe
RESIDENCE	Malad City	Same
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	45	43
BIRTHPLACE	Utah	Kansas
OCCUPATION	Laborer	housework

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.00 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-15 19 13 D. C. Ray

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1967

469-109-036-997

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Registration District No. 18 File No. 12060

Primary Registration District No. 2069 Registered No. 85

Hospital ..... Rigby

FULL NAME OF CHILD Barnett Morse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	2 9 1913

FATHER	MOTHER
FULL NAME: Richard Morse	FULL MAIDEN NAME: Emma Rigby
RESIDENCE: Samaria	RESIDENCE: same
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: laborer	OCCUPATION: housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 a. M. on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed 2-12 1913 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

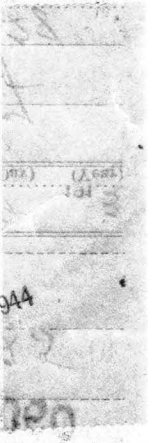
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.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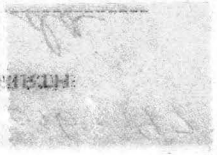


693209-236-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12061

Primary Registration District No. 2069 Registered No. 86

FULL NAME OF CHILD Nancy Virginia Wellby

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe			Yes	2 9 1913

FATHER		MOTHER	
FULL NAME	Rosco Johnson Wellby	FULL MAIDEN NAME	Julia Cheales
RESIDENCE	Malad City	RESIDENCE	Same
COLOR	white	COLOR	wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Dentist	OCCUPATION	house wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 20 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 2-12 1913 D C Ray
Registrar

S-Y CO. 20174

..... Registrar

FEB 2 7 1975

154-210-276-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ..... St.

Hospital .....

Registration District No. 18 File No. 12062

Primary Registration District No. 2069 Registered No. 87

FULL NAME OF CHILD Hannah Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe			Yes	2 10 1913

FATHER

FULL NAME: David A Anderson

RESIDENCE: Samaria Idaho

COLOR: wh AGE AT LAST BIRTHDAY: 47 (Years)

BIRTHPLACE: Utah

OCCUPATION: sheep & farm

MOTHER

FULL MAIDEN NAME: Maria Morse

RESIDENCE: same

COLOR: wh AGE AT LAST BIRTHDAY: 38 (Years)

BIRTHPLACE: Idaho

OCCUPATION: housewife

Number of child of this mother, including present birth: 10

Number of children of this mother now living, including present birth: 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D Ray MD (Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

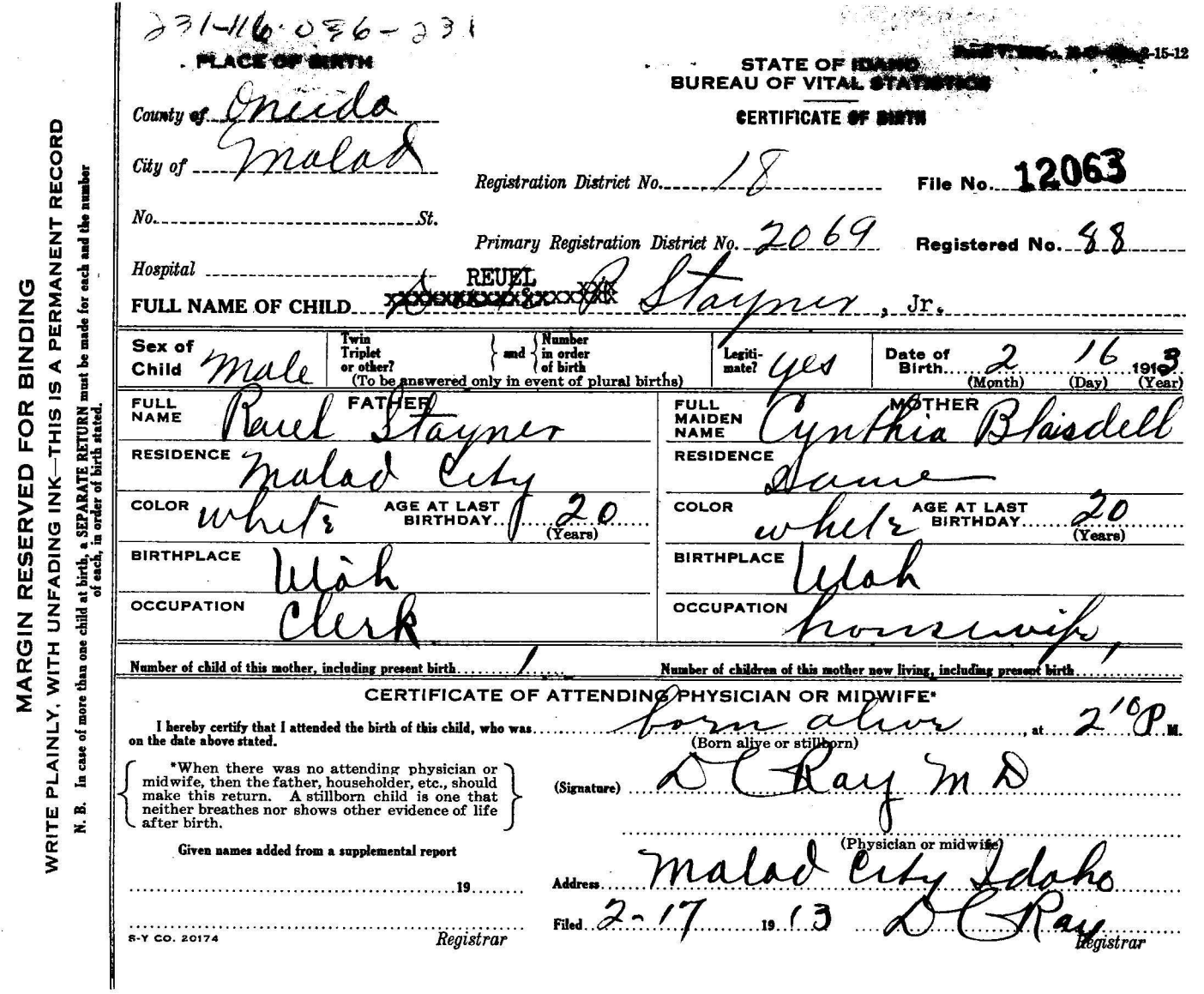
..... 19.....

Filed 2-12 1913 D C Ray Registrar

..... Registrar

S-Y CO. 20174

AUG 2 7 1969



231-116-056-231

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

2-15-12

Registration District No. 18 File No. 12063

Primary Registration District No. 2069 Registered No. 88

FULL NAME OF CHILD REUEL Stayner, Jr.

Sex of Child: Male

Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth: 2 (Month) 16 (Day) 1913 (Year)

FATHER

FULL NAME: Reuel Stayner

RESIDENCE: Malad City

COLOR: white AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Utah

OCCUPATION: Clerk

MOTHER

FULL MAIDEN NAME: Cynthia Blaisdell

RESIDENCE: Same

COLOR: white AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Utah

OCCUPATION: housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 10 P. M. on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Filed 2-17 19 13 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

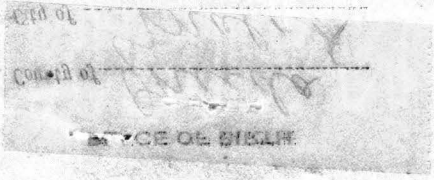
..... Registrar

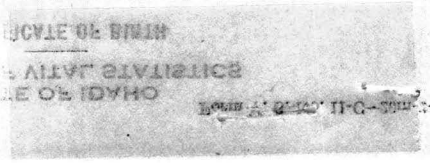
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





MAR 11 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 12063

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Dale R. Stayner (Name on Original Certificate) who was born (Was Born or Died) on Feb. 16, 1913 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on Statistical Record 3/28/13 (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Dale R. Stayner	Reuel Stayner Jr.

Subscribed and sworn to before me this 4th
day of March, 1942

Reid D. James

Notary Public, residing at Twin Falls, Idaho

My commission expires Feb. 7-1943
(Seal)

Signed Reuel Stayner Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

182 Polk St Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th
day of March, 1942

Reid D. James

Notary Public, residing at Twin Falls, Idaho.

My commission expires Feb. 7-1943
(Seal)

Signed Joseph Grice
(Signature of Any Credible Person Other Than Previous Year)

221 8th Ave. E., Twin Falls, Idaho.
(Street Address, City, State)

814-22-236-419

Form T. S. No. 11-C—20m-6-16-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12064

Primary Registration District No. 2069 Registered No. 89

FULL NAME OF CHILD Iretta Rosella Hammer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe		Yes	2 27 1913

FATHER

FULL NAME Louis Hammer

RESIDENCE Holbrook Idaho

COLOR white AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Denmark

OCCUPATION rancher

MOTHER

FULL MAIDEN NAME Chloa Marble

RESIDENCE Same

COLOR white AGE AT LAST BIRTHDAY 19 (Years)

BIRTHPLACE Utah

OCCUPATION housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 3-1 19 13

D C Ray Registrar

..... Registrar

S-Y CO. 20174

NOV 1 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

794-18-044 819.

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. Bu. H.-C.—Rev. 4-20-31.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 12067

No. ____, ____ St.

Primary Registration District No. 2112 Registered No. 19

Hospital ____

FULL NAME OF CHILD Raymond Lyle Grummett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2nd	Yes	Jan. 18, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Jackson Grummett	Rosie L. Hardgrove
RESIDENCE	Weiser Ida.	Ida.
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 34	White / 25
BIRTHPLACE	Ida.	Kent.
OCCUPATION	Farmer	House keeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Mathesee

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

____, 19____

Filed March 31 1913 W. R. Hamilton

Registrar

S-Y CO., 16670

Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

File No.

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

395-12-0484-259

Form V. S. No. H. O. [illegible]

PLACE OF BIRTH

County of Mackenzie

City of Wiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 — File No. 12069

Primary Registration District No. 1010 — Registered No. 26

FULL NAME OF CHILD Lester Milan Linkous

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	x	1st	yes	Jan 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M. L. Linkous	Montie Brnard
RESIDENCE	Wiser	Wiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	27
BIRTHPLACE	Rogersville Tenn.	Baileyton Tenn.
OCCUPATION	Shipman	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. B. Dudley

(Physician or ~~midwife~~)

Address Wiser Ida

Given names added from a supplemental report

..... 19.....

Filed March 1st 1913 W. R. Haswell

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-41

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Baker } ss.

Certificate No. 12069

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Lester Milan Linkous (Birth or Death)
for (Name on Original Certificate) who was born (Was Born or Died) on January 21, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) ~~are incorrect~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by own recollection (Bible Record, Insurance Policy, Etc.) ~~prepared~~ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Lester Milan Linkous

Subscribed and sworn to before me this 23rd
day of October, 19 43
A. McCord
Notary Public, residing at Baker, Oregon
My commission expires 4-14-47
(Seal)

Signed M. L. Linkous
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of October, 19 43
Fern Hansen
Notary Public, residing at Weiser, Idaho
My commission expires 1-10-44
(Seal)

Signed D. Porter
(Signature of Any Credible Person Other Than Previous Year)

Weiser, Idaho
(Street Address, City, State)

NOV 22 1943

317.F05-044-316

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form VS. No. 11-C-Rev-2-15-12

City of Caldwell

No. _____ St.

Hospital _____

Registration District No. 26 File No. 12070

Primary Registration District No. 214 Registered No. 221

FULL NAME OF CHILD LAWRENCE WOODROW CARLILE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	Yes	Feb 3 1913

FATHER	MOTHER
FULL NAME James Carlile	FULL MAIDEN NAME Julia Lawrence
RESIDENCE Caldwell Ida	RESIDENCE Caldwell
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Arkansas
OCCUPATION Ranching	OCCUPATION Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 2 3 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuntz M D (Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Feb 19 13 C E Schmuntz Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 12070
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for ..... (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
SurName	Carlyle	Carlile
Name	Unnamed	Lawrence Woodrow

Subscribed and sworn to before me this 17th
day of November, 1941.

Notary Public for Oregon
Notary Public, residing at Monmouth, Oregon
My commission expires Feb. 19, 1945
[SEAL]

Signed James P. Carlile
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

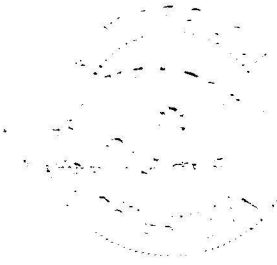
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



556-205-6941-154

Form V. S. No. 11-C—20m-2-13-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12071

Primary Registration District No. 2114 Registered No. 23

FULL NAME OF CHILD Dorothy Marie Lewis

Sex of Child Female | Twin, Triplet or other? ..... and Number in order of birth 3rd (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Feb 5 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Marshall Lewis	FULL MAIDEN NAME Julia Anderson
RESIDENCE Cambridge, Ida	RESIDENCE Cambridge Ida
COLOR W	AGE AT LAST BIRTHDAY 31 (Years)
COLOR W	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Indiana	BIRTHPLACE Boise Ida
OCCUPATION Grain Dealer	OCCUPATION Home wife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Schmutz M.D. (Physician or midwife)

Address Cambridge Ida

Given names added from a supplemental report

..... 19.....

Filed Mar 1 19 13 C E Schmutz Local Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1942

230-201-044-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Washington

City of Weiser.

No. E. Court St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12072

Primary Registration District No. 1010 Registered No. 24

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f.			yes	Oct 1, 191.8

FATHER		MOTHER	
FULL NAME	Ernest Stocker.	FULL MAIDEN NAME	Eva McKown
RESIDENCE		RESIDENCE	
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	33.	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Mo.	BIRTHPLACE	Nebr.
OCCUPATION	farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Hamilton M.D.

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

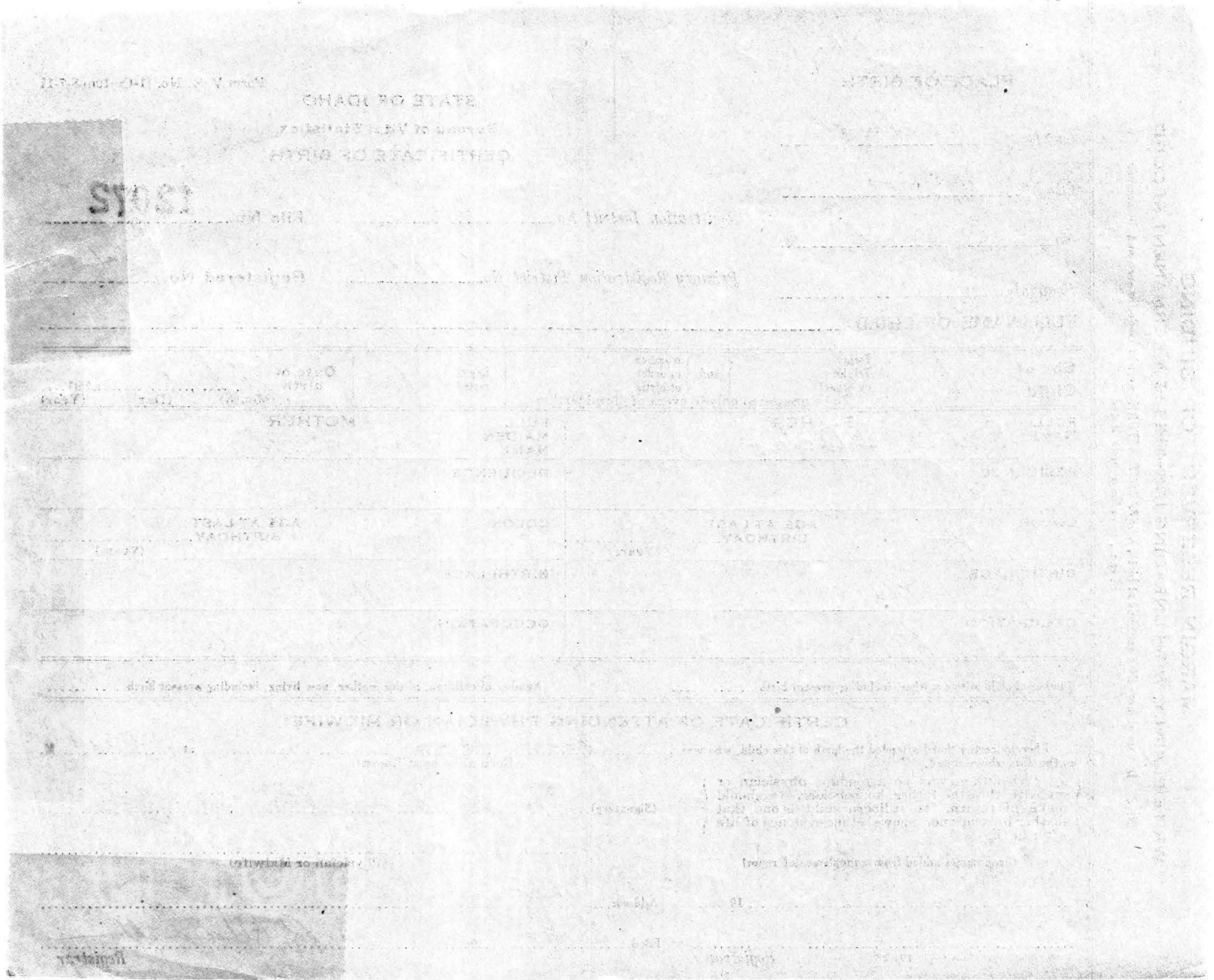
....., 19.....

Filed Oct 1, 1918 W. R. Hamilton

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



331-104044-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Wash

City of Cambridge

No. ____, ____ St.

Hospital ____

Registration District No. 26 File No. 12073

Primary Registration District No. 2164 Registered No. 25

FULL NAME OF CHILD Thomas Raymond Clausen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Feb. 4, 1913

FATHER		MOTHER	
FULL NAME	Thos W Clausen	FULL MAIDEN NAME	Eva F Buzzard
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hospers M. D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar 1 1913 C E Schmunk Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

MAY 11 1942

NOV 18 1954

645-305-044-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Hospital ____

Registration District No. 26 File No. 12074

Primary Registration District No. 1070 Registered No. 26

FULL NAME OF CHILD Janetha Mae Hunziker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		4th	yes	Feb 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E. A. Hunziker	Matilda Jane Taylor
RESIDENCE	Tamarack Ida.	Tamarack Van Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Rexburg Ida	Rexburg
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb 5, at 2 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dudley
(Physician or midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed March 1st 1913 M. R. Hamilton
Registrar

.....
Registrar

S-Y CO. 20174

229-110-044-229

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26.

File No. 12075

Primary Registration District No. 2114

Registered No. 27

FULL NAME OF CHILD Ray Shurr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	No	Feb 10 1913

FATHER

FULL NAME [illegible]

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY ..... (Years)

BIRTHPLACE

OCCUPATION

MOTHER

FULL MAIDEN NAME Flora Shurr

RESIDENCE Crane Ida.

COLOR W

AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Missouri

OCCUPATION domestic

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M.D. (Physician or midwife)

Address Cambridge Ida

Filed Feb 19 13 C E Schmutz Local Registrar

Given names added from a supplemental report

..... 19.....

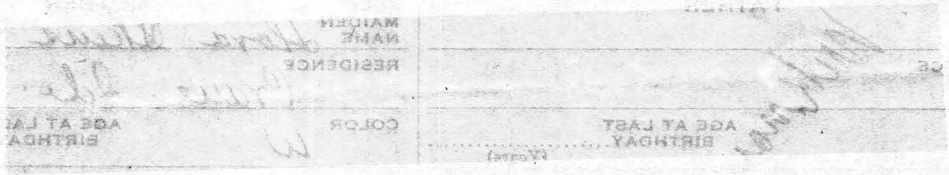
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



343-19-044-236

Form V. S. No. 11-C—20m-9-19-22

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... *St.*

Hospital Weiser General

Registration District No. 26 **File No.** 12076

Primary Registration District No. 1010 **Registered No.** 28

FULL NAME OF CHILD Willard Scott Lucas

Sex of Child	~~Twin, Triplet~~ or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		first	yes	Feb 19 1913

FATHER	MOTHER
FULL NAME Carrol M. Lucas	**FULL MAIDEN NAME** Helen H. Scott
RESIDENCE Meadows, Idaho.	**RESIDENCE** Meadows Idaho.
COLOR white **AGE AT LAST BIRTHDAY** 28 (Years)	**COLOR** White **AGE AT LAST BIRTHDAY** 22 (Years)
BIRTHPLACE Arkalossa, Iowa	**BIRTHPLACE** Mason City, Iowa.
OCCUPATION Banker.	**OCCUPATION** housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:40 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr S B. Dudley.
(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Filed March 1st 1913 W. R. Hamilton *Registrar*

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 13 1970

JUN 19 1941

236-106-044-399.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 26 File No. 12077

Primary Registration District No. 2112 Registered No. 29

FULL NAME OF CHILD Clifford Alvin Stocker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X	7th	Yes	Feb. 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter E. Stocker	Maggie Tripett
RESIDENCE	Crystal	Crystal
COLOR		White
AGE AT LAST BIRTHDAY (Years)	41	34
BIRTHPLACE	Monroe Co Iowa	Ypsenori Co Mont.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10:10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Dudley

(Physician or ~~midwife~~)

Address Weiser Ida

Given names added from a supplemental report

..... 19.....

Filed March 15 1913 W. R. Hamilton

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

3/29/11 PM

95-123-44-133

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Midvale

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12078

Primary Registration District No. 2113 Registered No. 30

FULL NAME OF CHILD Claude Elmo Reavis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		yes	2 23 1913

FATHER		MOTHER	
FULL NAME	Wm Reavis	FULL MAIDEN NAME	Maggie Mary Allen
RESIDENCE	Midvale Idaho	RESIDENCE	Midvale Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Idaho	BIRTHPLACE	Nebraska
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt M D

(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Feb 28 1913 F A Schmidt Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5-13-69

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
MAY 1 3 1969
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12078

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Reavis (Name on Original Certificate) who as born (Was Born or Died) on Feb. 23, 1913 (Date of Event)

in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs lname	omitted	Claude Elmo Reavis

Subscribed and sworn to before me this 13 day of May, 1969

Mabel L. Hurlbert

Notary Public, residing at Basalt, Idaho

My commission expires Sept 28, 1972

(Seal)

Signed Margaret M Lyons
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Social Security Card lists name as Claude Elmo Reavis. # 701 01 0217
Card issued Sept. 10, 1937.
Viewed by V.S.

MAY 13 1969

Insurance Policy issued June 16, 1952 by Guaranty Union L fe gives name as Claude Elmo Reavis. Policy # 112225
Viewed by V. S.

366-123-084-613

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 12079

No. ____, ____ St.

Primary Registration District No. 2010 Registered No. 91

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	(Y)	2 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Lofton	Josie Watt
RESIDENCE	Ironside Ore.	Brogan Oregon
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	Mont. Kansas.	Baker City Ore.
OCCUPATION	Clerk Merchandise	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 330 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carroll E. Lamont

(Physician or Midwife)

Address Weiser Ida

Given names added from a supplemental report

....., 19.....

Filed March 14 1913 M. R. Hamilton

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

BIRTHDAY

BIRTHPLACE

OCCUPATION

962-226-044-353

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale — Registration District No. 25 — File No. 12080

No. ____ St. — Primary Registration District No. 2113 — Registered No. 32

Hospital ____

FULL NAME OF CHILD Mildred Ross

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb 26 1913

FATHER		MOTHER	
FULL NAME	John A Ross	FULL MAIDEN NAME	~~Lott~~ Christina Lott
RESIDENCE	Midvale	RESIDENCE	Midvale
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth #2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T A Schmidt

T A Schmidt MD (Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb 26 1913 T A Schmidt

S-Y CO. 20174 Registrar

Registrar

249-127-044-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12081

County of Washington

City of Weiser

No. ..... St.

Registration District No. 26 File No. .....

Primary Registration District No. 1010 Registered No. 33

Hospital .....

FULL NAME OF CHILD Harold Smith

Sex of Child	Twin, triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		2nd	yes	2-27-1913

FATHER	MOTHER
FULL NAME H.M. Smith	FULL MAIDEN NAME Mary Augusta Lamb
RESIDENCE Tamarack, Idaho	RESIDENCE Tamarack Idaho.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Mitchell, Oregon	BIRTHPLACE Drury, Oregon.
OCCUPATION Chf	OCCUPATION Chf's wife

Number of child of this mother including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated., at 12 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S.B. Dudley

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 1st 1913 W.R. Hamilton Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAR 24 1942

298-22-044-437

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ____, ____ St.

Registration District No. 26

File No. 12082

Primary Registration District No. 2114

Registered No. 34

Hospital ____

FULL NAME OF CHILD Marjorie Della Bryan

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F M	—	—	yes	Feb 27, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ora W Bryan	Annie F McGuire
RESIDENCE	Cambridge Ida	Cambridge
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Iowa	Missouri
OCCUPATION	Farmer	H W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 5:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Swanson Hopper

Physician

(Physician or Midwife)

Address Cambridge Ida

Given names added from a supplemental report

....., 19.....

.....

Registrar

Filed March 1st 1913 M. R. Hamilton

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Cert. Copy of Own Child's Birth Cert., Dateof birth-Jan. 19, 1933 at Denver, Colorado to Walter Garfield Ruark and Marjorie Della Bryan, age 19, born in Cambridge, Idaho - cert. copy issued April 5, 1961 - viewed by V.S.

Hospital Birth Certificate, State of Colorado, St. Anthony's Hospital, Denver, Colorado, child born April 20, 1939 gives full name of father as Walter Garfield Ruark

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
APR 25 1961
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 12082

Date Filed

State of Idaho } ss.
County of Washington }

and full maiden name of mother as Marjorie Della Bryan, born Feb. 27, 1913 in Idaho - viewed by V.S. Marriage License gave brides full name as Marjorie Bryan - viewed by V.S.

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bryan (Name on Original Certificate) who born (Was Born or Died) on Feb. 27, 1913 (Date of Event)
in Cambridge (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Marjorie Della Bryan

Subscribed and sworn to before me this 23rd day of November, 19 57

Notary Public, residing at Cambridge, Idaho
My commission expires June 3, 1961
(Seal)

Signed Ora W Bryan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 5, Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Washington } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd day of November, 19 57

Notary Public, residing at Cambridge, Idaho
My commission expires June 3, 1961
(Seal)

Signed Marjorie L. Jahn
(Signature of Any Credible Person)

Midvale, Idaho
(Street Address, City, State)

FORM DPH 55.155

NN 11-1-57 1 copy paid

OCT 8 1962

231-202-044-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Registration District No. 21

Primary Registration District No. 2112

File No. 12083

Registered No. 36

FULL NAME OF CHILD Mary Esther Stahl

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	3rd		March 2 1913

	FATHER	MOTHER
FULL NAME	Russell Stahl	FULL MAIDEN NAME Naomi C. Hunt
RESIDENCE	Weiser	Weiser
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	29 (Years)
BIRTHPLACE	Sanpark Lee	Derby Iowa
OCCUPATION	Father	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S B Dudley

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed March 3rd 1913 W. R. Hamilton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 0 1975

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

168-128-002-267

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Indian Valley Registration District No. 26 File No. 12084

No. ....., ... St. Primary Registration District No. 2114 Registered No. 35

Hospital .....

FULL NAME OF CHILD JAMES LAWRENCE JOHNSON

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		yes	Feb. 28, 1913

FATHER		MOTHER	
FULL NAME	Clayde M Johnson	FULL MAIDEN NAME	Alice Hopper
RESIDENCE	Indian Valley	RESIDENCE	Indian Valley
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 25 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper

Physician (Physician or Midwife)

Address Cambridge Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 1 1913 O E Schmuck Registrar

.....

Registrar

S-Y CO., 16670

Form V. S. No. H. C. 1m-6-21-11

CERTIFICATE OF BIRTH

Bureau of Vital Statistics

STATE OF OHIO

RESIDENCE

COLOR

AGE AT LAST

BIRTHDAY

BIRTHPLACE

SIGNED PO
INK—THIS

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Marion }

Certificate No. 12084

JAN 21 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Johnson (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Feb. 28, 1913 (DATE OF EVENT)
in Adams County, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible & Insurance (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Johnson	James Lawrence Johnson

Subscribed and sworn to before me this 19th
day of January, 1942

Notary Public, residing at Salverton, Ore.

My commission expires June 6, 1944
(SEAL)

Signed Claude W. Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, COMMERCIAL INSPECTOR, INFORMANT IF CORRECTING DEATH RECORD, OR OTHER CREDIBLE PERSON.)

Route 2, Box 116, Mehama, Oregon
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th
day of January, 1942

Notary Public, residing at Salverton, Ore.

My commission expires June 6, 1944
(SEAL)

Signed Maude M. Hamman
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

415 Brook St. Silverton Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 21 1942 By
(REGISTRAR'S SIGNATURE)

JAN 23 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

135.125040-468

PLACE OF BIRTH

Form V. S. No. 11-C—15m-4-30-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone Co.

City of Wallace

Registration District No. 28 File No. 12085

No. ....., ... St.

Primary Registration District No. 1811 Registered No. 10

Hospital .....

FULL NAME OF CHILD Norman Robert Stewart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Feb (Day) 25 (Year) 1913
Male			yes	

FATHER		MOTHER	
FULL NAME	Henry J. Stewart	FULL MAIDEN NAME	Mary Doyle
RESIDENCE	Wallace	RESIDENCE	Wallace
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	England
OCCUPATION	Mill Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother, now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Walter T. Smith

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

....., 19.....

Filed Mar. 6, 1913 T. Leo Dunphy

S-Y CO., 16670 Registrar

Registrar

FEB 28 1942

NOV 15 1948

319-104-040-365

PLACE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 12086

No. ____ St.

Primary Registration District No. 2011

Registered No. 7

Hospital Hope.

FULL NAME OF CHILD Howard ——— Carpenter.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth 3	Legitimate?	Date of birth (Month) July (Day) 4 (Year) 1913
Male			yes	

	FATHER	MOTHER
FULL NAME	Allen Russell Carpenter	FULL MAIDEN NAME Margaret Conklin
RESIDENCE	Post Falls, Ida.	RESIDENCE Post Falls, Ida.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE Lyle, Iowa
OCCUPATION	Rancher	OCCUPATION Housewife.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Jones M.D.

(Physician or Midwife)

Address Wallace, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 5, 1913 H. Leo Douglas

Registrar

.....

Registrar

S-Y CO., 16670

2.30 P.M.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 1948

AUG 2 1956

APR 13 1945

468-208-040-418

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Nezperce

Registration District No. 28 **File No.** 12087

No. 926, Pine St.

Primary Registration District No. 1811 **Registered No.** 8

Hospital

FULL NAME OF CHILD Harriet Alice Petra Doyle

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Oct 8, 1913

FATHER		MOTHER	
FULL NAME	James Doyle	FULL MAIDEN NAME	Anna Dahl
RESIDENCE	Nezperce Idaho	RESIDENCE	Nezperce
COLOR	White	AGE AT LAST BIRTHDAY (Years)	38
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Orleans	BIRTHPLACE	Norway
OCCUPATION	Miner	OCCUPATION	—

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Stone MD.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Feb. 18 1914 Leo Langley

Registrar

S-Y CO., 16670

	RESIDENCE
AGE AT LAST BIRTHDAY (Years)	AGE AT LAST BIRTHDAY
BIRTHPLACE	

Registrar

413-110-640-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 316 High Bank St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 12088

Primary Registration District No. 1011 Registered No. 16

FULL NAME OF CHILD John Eugene Matchett

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	Jan 10, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Herbert Matchett	Matilda Olson
RESIDENCE	316 High Bank, Wallace, Ida	316 High Bank, Wallace
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	29
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Undertaker	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. St. Jean, M. D.

(Physician or Midwife)

Address Wallace Ida

Given names added from a supplemental report

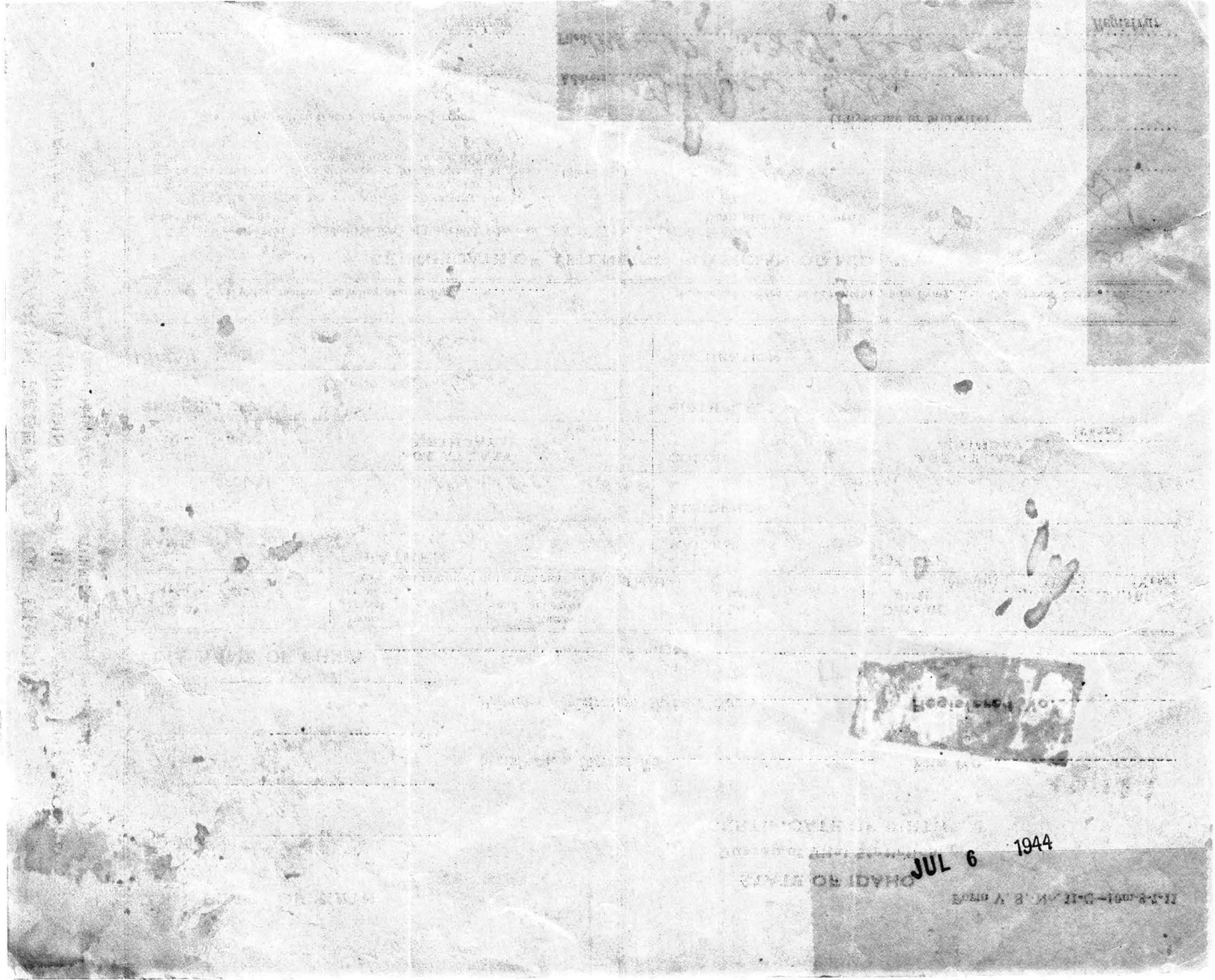
....., 19.....

Filed Mch 17 1913 F. Leo Dunglas

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar


JUL 6 1944

Amended 5-2-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12089
Local Reg. No. 9
Reg. Dist. No. 28

1. PLACE OF BIRTH
a. COUNTY: Shoshone
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Wallace
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Hope

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Gem
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Fritzi-Mae
b. (Middle):
c. (Last): Lyons

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 20, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Fred
b. (Middle): George
c. (Last): Lyons

8. AGE (At time of this birth): 25 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): South Dakota

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ellen
b. (Middle):
c. (Last): Brobst

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Illinois

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 0
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Leonard E. Hanson, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Wallace, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Feb. 21, 1913

22. REGISTRAR'S SIGNATURE: F. Leo Quigley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the
: in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address
VISION OF VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED APR 5 1968 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 12089

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Elinor May Lyons (Name on Original Certificate) who was born (Was Born or Died) on Feb. 20, 1913 (Date of Event)

in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Elinor May Lyons	Fritzi-Mae Lyons

Subscribed and sworn to before me this 29th day of March, 1968

Notary Public, residing at Wallace, Idaho

My commission expires ..... (Seal)

My Commission Expires Oct. 10, 1969

Signed Elizabeth B. Dobson Hunt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

15505 E Holly Portland, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th day of March, 1968

Notary Public, residing at Wallace, Idaho

My commission expires ..... (Seal)

My Commission Expires Oct. 10, 1969

Signed Arnold D. Hunter - Uncle
(Signature of Any Credible Person)

RT 2 Box 68 A
(Street Address, City, State)

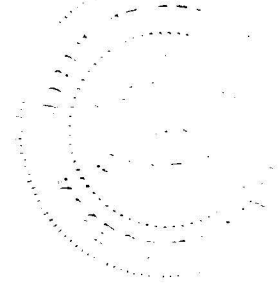
Sherwood Oregon 97140

CL 11-17-67. one copy pd. rec. #23544.

FORM DH 60-155

Get Cert. copy of Own Child's Birth Cert., copy issued June 21, 1945, State of Oregon, gives full name of child as Charlotte Ruth Parkinson, born May 12, 1945 at Camp White, Oregon to Edward Chester Parkinson and Fritzi-Mae Lyons, age 32, born in Wallace, Idaho viewed by V.S.

Oregon State Board of Health, Physician's Personal Record, gives full name of child as Edward Craig Parkinson, male child, born Nov. 21, 1951, to Edward Chester Parkinson and Fritzi-Mae Lyons, age 38, born in Wallace, Idaho - Dr. Nelson - viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. 5 [illegible] St.

Hospital Hope

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 12089

Primary Registration District No. 1011 Registered No. 9

FULL NAME OF CHILD Elmer Ray Ingram

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	yes	FEB 20 1913

FATHER		MOTHER	
FULL NAME	Fred Leroy Ingram	FULL MAIDEN NAME	Ella Probst
RESIDENCE	Gem, Idaho	RESIDENCE	Gem,
COLOR	Wht	COLOR	Wht
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Frank E. Stanton M.D.

(Physician or Midwife)

Address Wallace, Idaho

Filed Feb 21, 1913 J. E. McGillivray
Registrar

S-Y CO., 16670

MAY 2 1968

366-209-90X-245

Form V. S. 1911 H. C. Rev. 6-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bear Lake

Name added 3-21-81

City of Dingle

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12090

Primary Registration District No. 2099 Registered No. 24

FULL NAME OF CHILD Nathell Cook

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	Feb 9 1913

FATHER		MOTHER	
FULL NAME	Henry H Cook	FULL MAIDEN NAME	Tamore Smalley
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	Paris
OCCUPATION	Trapper	OCCUPATION	wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11.45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley E Cooley

(Physician or midwife)

Address Paris

Given names added from a supplemental report

..... 19.....

Filed Mar 11 1913 J W Haywood

..... Registrar

S-Y CO. 20174

Registrar

NOV 9 1972

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 12090

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Cook, (Female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 9, 1913 (Date of Event)
in Dingle, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible record, Blessing Cards (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Cook	Nathell Cook

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of January, 19 81

Signed Odella Nate
(Signature of Any Credible Person)

Notary Public, residing at Ovid, Idaho
My commission expires Lifetime
(Seal)

441 Jefferson Montpelier Idaho
(Street Address, City, State)

FORM DH 60-155 CL 11/9/72

Bible Record issued 1919, gives name as Nathell Cook born Feb. 9, 1913, in Idaho to Henry & Lenore Cook.
Viewed by V.S.

Certificate of blessing gives name as Nathell Cook, daughter of Henry & Linn L. Smedley Cook, born Feb. 9, 1913, at Dingle, Idaho. Blessed April 6, 1913.
Viewed by V.S.

MAR 21 1981

693-227-004-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12091

Primary Registration District No. 2098 Registered No. 13

FULL NAME OF CHILD Catherine Orchard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	Feb. 27th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph N. Orchard	Catherine Young
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	35
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 55a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. N. King M.D.

Physician

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed 3-4-1913 J. H. Hayward

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

K

FEB 4 1971

249-706-004-319

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bl.

City of Gunye Town

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12092

Primary Registration District No. 2096 Registered No. 19

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 6 1913

FATHER		MOTHER	
FULL NAME	G B Smith	FULL MAIDEN NAME	Sarah Larsen
RESIDENCE	Gunye Town	RESIDENCE	Geo Town
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Salt Lake City	BIRTHPLACE	Geo Town
OCCUPATION	Farmer	OCCUPATION	W

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ethel Ann Cooley

(Physician or midwife) M Hamblen

Address Lodge

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mar. 11 — 19 13 J W Hargreaves
Registrar

6-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

613-106-04-653

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ..... St.

Registration District No. 94 File No. 12093

Primary Registration District No. 2096 Registered No. 20

Hospital .....

FULL NAME OF CHILD Leo Watson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 6 1913

FATHER		MOTHER	
FULL NAME	J L Watson	FULL MAIDEN NAME	Mary L Walker
RESIDENCE	Sunny	RESIDENCE	Sunny
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Salt Lake City Utah	BIRTHPLACE	Bloomington Ida
OCCUPATION	Farmer	OCCUPATION	None

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lilly A. Cooley

(Physician or Midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mar. 11 19 13 J. W. Langworthy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1 copy 11/12/40 L.B.

238-207-004-245

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bern

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12094

Primary Registration District No. 2094 Registered No. A

FULL NAME OF CHILD Verona Emma Schmid

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	Feb 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August Schmid	Julia Thuny
RESIDENCE	Georgetown	Georgetown
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	28
BIRTHPLACE	Germany	Bern
OCCUPATION	Farmer	W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley and Boody

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mar. 11 1913 J W Slaughwend Registrar

S-Y CO. 20174

Own Child's birth certificate, #261764, Nov. 15, 1937, gives correct Mother's name as Verona Emma Schmid; and Marriage License, Oct. 4, 1934 Utah Marriage Cert. #69469, gives correct full name - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bear Lake } ss.

Certificate No. 12094

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on Feb. 7, 1913 (Date of Event)
in Bern, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on 7 Feb. 1913 viewed by V.S. (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Verona Emma Schmid
		Farley P. Nunn

Subscribed and sworn to before me this 3rd day of September, 1935

W. R. Gunn
Notary Public, residing at Montpelier, Idaho
My commission expires 5-17-60
(Seal)

Signed Farley P. Nunn Uncle
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of September, 1935

W. R. Gunn
Notary Public, residing at Montpelier, Idaho
My commission expires 5-17-60
(Seal)

Signed Robert Schmid
(Signature of Any Credible Person)

Bern Idaho
(Street Address, City, State)

The above named is 83 years of age Uncle of Verona Emma Schmid Hoyer.

FORM DPH 55.155 NNCL 8-27-58. one copy pd.

SEP 22 1958

155-105-004-695

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Ovid

Registration District No. 24 File No. 12005

No. ..... St.

Primary Registration District No. 2094 Registered No. 21

Hospital .....

FULL NAME OF CHILD WILLIAM DONNIEL JENSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Feb 5 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Lars William Jensen	FULL MAIDEN NAME Ethel Findley
RESIDENCE Ovid	RESIDENCE Ovid
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ovid	BIRTHPLACE Paris
OCCUPATION Farmer	OCCUPATION None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mildred Broady

(Physician or midwife)

Address Ovid Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar. 11 19 13 J. W. Fenimore
Registrar

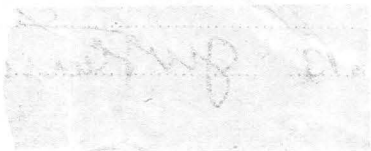
..... Registrar

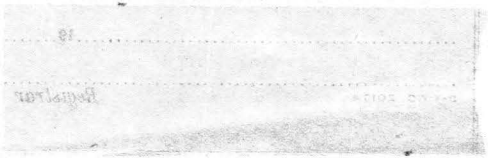
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





2-5-13

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }ss.
County of BEAR LAKE }

Certificate No. 12095

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for WILLIAM DONNIEL JENSEN (Name on Original Certificate) who was born (Was Born or Died) on Feb. 5th 1913, (Date of Event) in OVID, IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Church records (Bible Record, Insurance Policy, Etc.) prepared on March 4, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	William Donniel Jensen
name of father	William Jensen	Lars William Jensen

Subscribed and sworn to before me this 6th day of May, 1942.

Notary Public, residing at Paris, Idaho

My commission expires Nov. 22, 1943
(Seal)

Signed L. W. Jensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Paris, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }ss.
County of }

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

MAY 25 1942

142-221004-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Liberty

No ....., ... St.

Hospital .....

Form V. S. No. 11-C—Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12096

Primary Registration District No. 2093 Registered No. 15

FULL NAME OF CHILD WILMA AUSTIN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	yes		yes	2 – 22 – 1913

FATHER	MOTHER
FULL NAME Sam Austin	FULL MAIDEN NAME Elizabeth Mathews
RESIDENCE Liberty Idaho	RESIDENCE Liberty Idaho
COLOR W. AGE AT LAST BIRTHDAY 28 (Years)	COLOR W. AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Hargraves

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar. 6 – 19 13 J. W. Hargraves

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of BEAR LAKE } ss.

Certificate No. 12096

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for WILMA AUSTIN DRAPER (Name on Original Certificate) who was born (Was Born or Died) on Feb. 22, 1913 (Date of Event)
in Liberty, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on Feb. 22, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Wilma Austin

Subscribed and sworn to before me this 24th day of September 1943.

Notary Public, residing at Paris, Idaho,
My commission expires Nov. 22nd 1943
(Seal)

Signed Elizabeth Austin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ovid R.F.D., Idaho,
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of Bear Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of September 1943.

Notary Public, residing at Paris, Idaho
My commission expires Nov. 22nd 1943
(Seal)

Signed Samuel Matthews Austin
(Signature of Any Credible Person Other Than Previous Year)

Ovid, R.F.D. Idaho
(Street Address, City, State)

OCT 2 1945

414-101-008-184

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 15-B—Rev. 6-15-12

PLACE OF BIRTH

County of Blaine

City of Hailey

No. 0 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12097

Primary Registration District No. 2093 Registered No. 17

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Feb 1 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Charles Dennett	FULL MAIDEN NAME	Inga Hagman
RESIDENCE	Hailey	RESIDENCE	Hailey
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Hailey	BIRTHPLACE	Hailey
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. M. Mitchell, Idaho

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed Mar. 6 – 1913

Registrar

S-Y CO. 20174

DUP OF 1913 D 70-623

26(-203-004-254

Form V. S. No. 15-C—20m-6-15-12

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12098

Primary Registration District No. 2092 Registered No. 23

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Feb 3 1913

FATHER		MOTHER	
FULL NAME	Lee Bowman	FULL MAIDEN NAME	Minnie Bidal
RESIDENCE	Paris	RESIDENCE	Paris
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Preston Utah	BIRTHPLACE	Hunter Utah
OCCUPATION	Foreman	OCCUPATION	Cafe

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley F Cooley

(Physician or midwife)

Address Paris

Given names added from a supplemental report

....., 19.....

..... Registrar

Filed Mar 11 — 1913 J W Harward Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—7-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

356.227.004-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ..... St.

Hospital .....

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12099

Primary Registration District No. 2092 Registered No. 16

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	2 - 27 1913

FATHER	MOTHER
FULL NAME: Frank Lewis	FULL MAIDEN NAME: Pollie Shepherd
RESIDENCE: Paris Idaho	RESIDENCE: Idaho
COLOR: W. AGE AT LAST BIRTHDAY: 45 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: England
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children, of this mother, now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Lenyard

(Physician or ~~Midwife~~)

Address Paris Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 6 - 19 13 J. W. Lenyard Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

235-107004-414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12100

Primary Registration District No. 2091 Registered No. 14

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet—or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	yes		Yes	2 - 7 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvin Stevens	Martha Madsen
RESIDENCE	Bloomington	Bloomington
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth... 1

Number of children of this mother, now living, including present birth... 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jerry Lawrence

(Physician or Midwife)

Address Paris Idaho

Given names added from a supplemental report

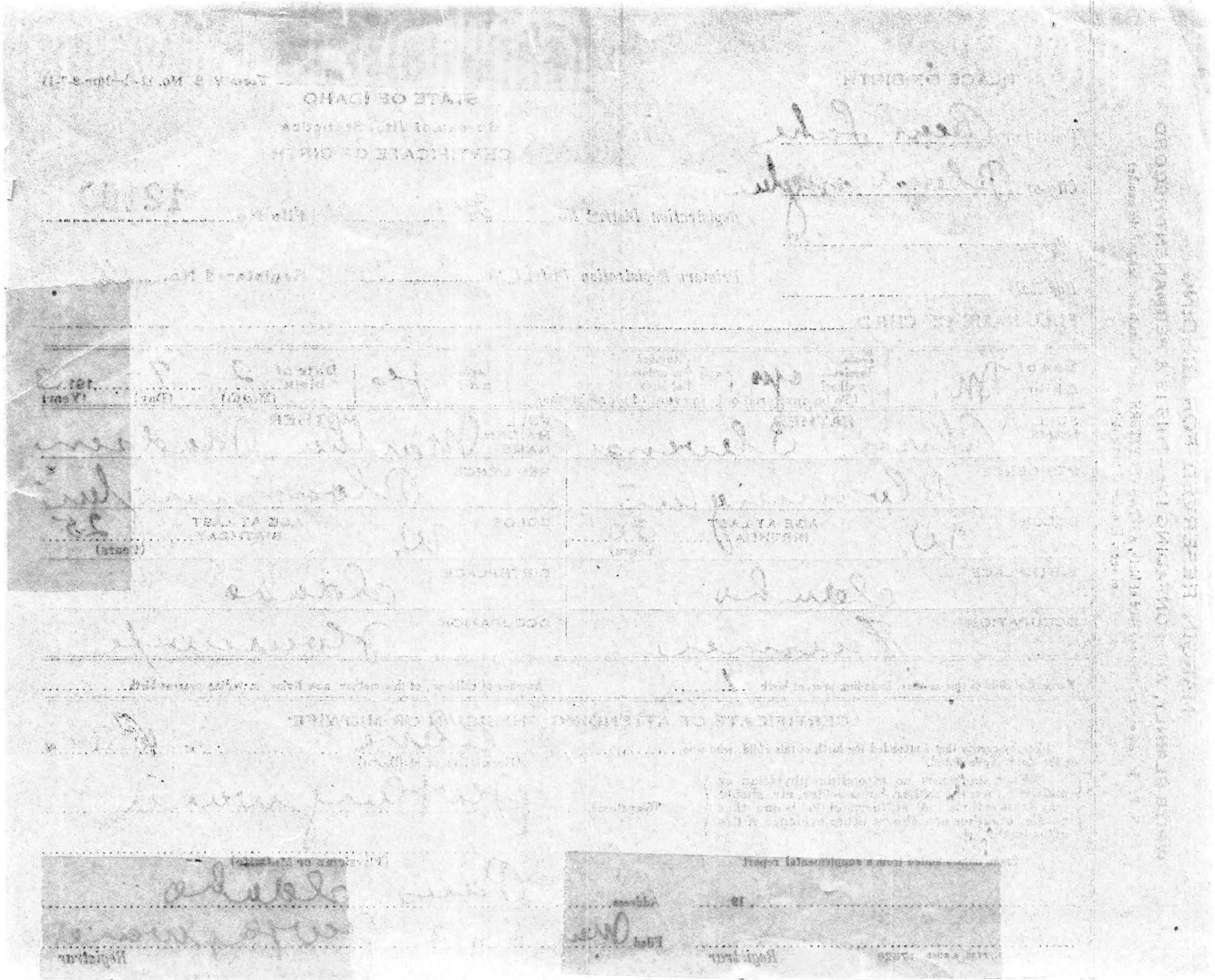
....., 19.....

Registrar

Filed Mar 6-1913 Jerry Lawrence

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



245-103-004-636

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of St Charles

Registration District No. 24

File No. 12101

No. ..... St.

Primary Registration District No. 2090

Registered No. 22

Hospital .....

FULL NAME OF CHILD Lee Enoch Bunderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 3 1913

FATHER		MOTHER	
FULL NAME	Nephi Bunderson	FULL MAIDEN NAME	Emma Lloyd
RESIDENCE	St Charles	RESIDENCE	St Charles
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	St Charles	BIRTHPLACE	St Charles
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley B Cooley

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Paris

Filed Mar 11 1913

J W Hargraves Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 17 2 24 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12101

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Bunderson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 3, 1913 (Date of Event)
in St. Charles, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lee Enoch Bunderson

Subscribed and sworn to before me this 15th day of November, 19 75

Vern K. Gallon

Notary Public, residing at Bern, Idaho

My commission expires June 1, 1977

(Seal)

Signed x Vadella Bunderson Booth (Sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

St Charles Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of November, 19 75

Vern K. Gallon

Notary Public, residing at Bern, Idaho

My commission expires Commission Expires June 1, 1977

(Seal)

Signed x [illegible] Cleveland
(Signature of Any Credible Person)

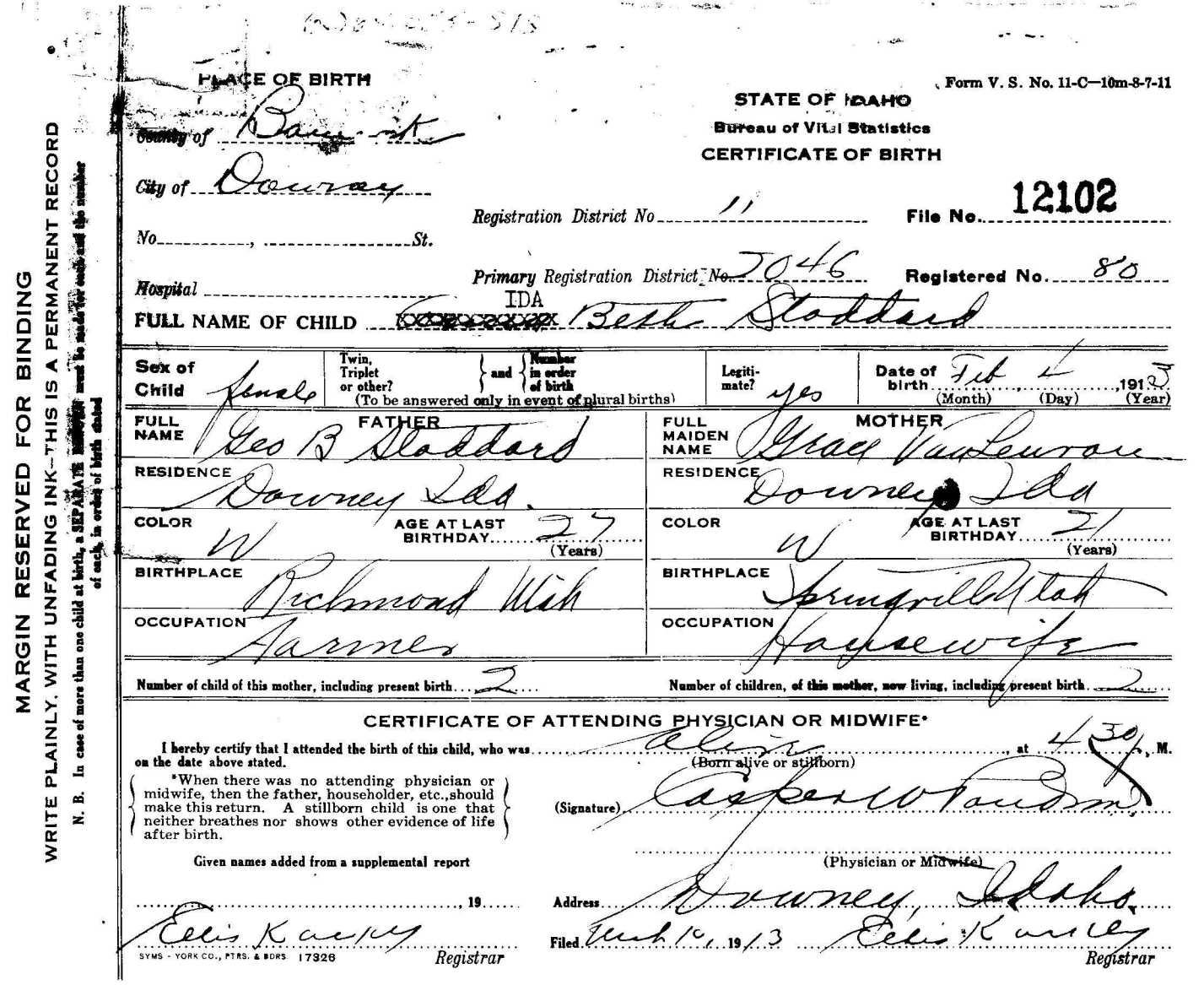
St Charles Idaho
(Street Address, City, State)

FORM DH 60-155 CL 10/8/75

Membership record from the LDS Church gives name as Lee Enoch Bunderson born Feb 3, 1913 at St. Charles, Idaho. father's name given as Nephi Bunderson and mother's nameas Floyd,Annie M. Blessed May 4, 1913. Baptized June 25, 1921. viewed by V. S.

DEC 16 1975

Marriage Certificate from Utah gives name as Lee Enoch Bunderson and the bride's name as Margaret Sophia Grandy. dated Oct. 24, 1935. viewed by V. S.



PLACE OF BIRTH

County of Bannock

City of Downey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

Registration District No. 11 File No. 12102

Primary Registration District No. 2046 Registered No. 80

FULL NAME OF CHILD IDA Bessie Goddard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo B Goddard	Grace VanLeuvan
RESIDENCE	Downey Idaho	Downey Idaho
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	21
BIRTHPLACE	Richmond Mich	Springville Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated. at 4:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Asher O Pauson M.D.
(Physician or Midwife)

Address Downey Idaho.

Given names added from a supplemental report

....., 19.....

Ellis Kinsley
Registrar

Filed Feb 10, 1913

Ellis Kinsley
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK. THIS IS A PERMANENT RECORD

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of.....) Certificate No. 12102
)ss
County of.....) Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of Birth (birth or death) for Anna Beck Stoddard (Name on original certificate) who born (was born or died) on Feb. 4, 1913 (Date of event) in Downey Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Marriage certificate (Bible record, insurance plcy.etc.) prepared on July 1, 1930 (Give date) are;

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	Anna Beth Stoddard	Ida Beth Stoddard

Subscribed and sworn to before me this 12 day of March 1942

E. C. McDonald
Notary Public
Residing at Twin Falls

My commission expires 1944

(SEAL)

Signed Grace Stoddard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt. 4 Idaho
(Street address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Idaho)
)ss
County of Twin Falls)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of March 1942

E. C. McDonald
Notary Public
Residing at Twin Falls

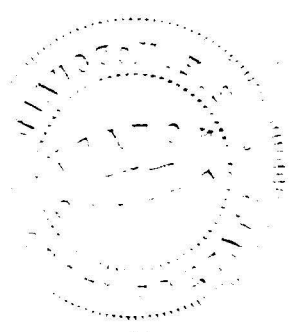
My commission expires 1944
(SEAL)

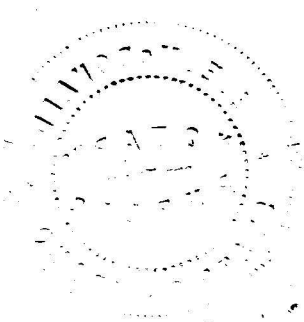
Signed Reita Crawford
(Signature of any credible person other than the previous affiant.)

Twin Falls Idaho
(Street address, City, State)

MAR 24 1942

JUN 5 1972





1351-110-003-366

CERTIFICATE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Downey

Registration District No 11 File No. 12103

No ____, ____ St.

Primary Registration District No. 2046 Registered No. 79

Hospital ____ Everett Morgan

FULL NAME OF CHILD ~~Boy~~ Andrew C. Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male				yes	Feb 10 1913

FATHER		MOTHER	
FULL NAME	Morgan Evans	FULL MAIDEN NAME	Mary L. Coffin
RESIDENCE	Downey	RESIDENCE	Downey
COLOR	W	AGE AT LAST BIRTHDAY (Years)	33
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Arvins Ida	BIRTHPLACE	Downey Idaho
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Tanner MD

(Physician or ~~Midwife~~)

Given names added from a supplemental report

..... 19.....

Address Downey Idaho

Filed Mch 10 1913

Ellis Kaney Registrar

Ellis Kaney Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 12103

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Woodrow Evans (Name on Original Certificate) who was born (Was Born or Died) on February 10, 1913 (Date of Event) in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on March 15, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Woodrow	Everett Morgan Evans

Subscribed and sworn to before me this 21st day of March, 1944

Notary Public, residing at Pocatello, Idaho

My commission expires June 24, 1947
(Seal)

Signed Cedric C Evans Elder Brother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

236 West Young St., Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of March, 1944

Notary Public, residing at Pocatello, Idaho

My commission expires June 24, 1947
(Seal)

Signed Louis E. Lundwall Bishop-5th Ward-L.D.S.
(Signature of Any Credible Person Other Than Previous Year)

230 McKinley Ave., Pocatello, Idaho
(Street Address, City, State)

APR 17 1944

25-2-12-003-413

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Virginia

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12104

Primary Registration District No. 2046 Registered No. 79

FULL NAME OF CHILD Helen Lucile Shepard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 12 1913

FATHER		MOTHER	
FULL NAME	Chas. Shepard	FULL MAIDEN NAME	Winifred Dalpke
RESIDENCE	Virginia Ida.	RESIDENCE	Virginia Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Bellplaine, Wis.	BIRTHPLACE	Chiltonville, Wis.
OCCUPATION	Section foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Lauder M.D.

(Physician or Midwife)

Address Denver

Given names added from a supplemental report

....., 19.....

Ellis Kaercy Registrar

Filed Mar 10, 1913 Ellis Kaercy Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

JAN 12 1955

266-11401003-2641

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Downey

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 12105

Primary Registration District No. 3046 Registered No. 27

FULL NAME OF CHILD Elgner Loyd Bowman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth
M		yes	Feb. 14 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Geo Bowman	FULL MAIDEN NAME	Emma Bowman
RESIDENCE	Downey Ida	RESIDENCE	Downey Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Richmond Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carpenter and Smith

(Physician or Midwife)

Address Downey Ida.

Given names added from a supplemental report

....., 19.....

Ellis Kasley Registrar

Filed Mch 19, 1913 Ellis Kasley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	
COLOR	COLOR
AGE AT LAST BIRTHDAY	AGE AT LAST BIRTHDAY

252-12 v 003-366

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 12106

No. ____ St.

Primary Registration District No. 1046 Registered No. 76

Hospital ____

FULL NAME OF CHILD Howard C. Dennions

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	Feb 24 1913

FATHER		MOTHER	
FULL NAME	Chauncy Dennions	FULL MAIDEN NAME	Mattie Coffin
RESIDENCE	Downey Ida (Divorced)	RESIDENCE	Downey Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Beautiful Utah	BIRTHPLACE	Downey Idaho
OCCUPATION	Dead (Farmer)	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carpenter Lovell M.D.

(Physician or midwife)

Address Downey, Ida

Given names added from a supplemental report

..... 19.....

Ellis Kasey
Registrar

Filed Mch 10, 1913 Ellis Kasey
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-6—20m-8-15-13

STATE OF IDAHO

386-124-003-893

(Be sure the information is complete and accurate)

State File No. 12107
Local Reg. No.
Reg. Dist. No. 11

CERTIFICATE OF BIRTH
STATE OF IDAHO

Amended 5/16/77

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Swan Lake
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Swan Lake
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Russell
b. (Middle): Hillman
c. (Last): Thomas

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	Feb 24, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Alvin
b. (Middle): P.
c. (Last): Thomas

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
24 YEARS	Richmond, Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Pearl
b. (Middle):
c. (Last): Hillman

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
27 YEARS	Oxford, Idaho	2		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Casper W. Pond

19. ADDRESS: Downey, Idaho

18. ATTENDANT AT BIRTH
M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: March 10, 1913

22. REGISTRAR'S SIGNATURE: Eliis Kackley

23. DATE ON WHICH GIVEN NAME ADDED
BY ____
Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 25 12 41 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

Certificate No. 12107

State of Idaho
County of Bannock } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Elmer Thomas (Name on Original Certificate) who was born (Was Born or Died) on Feb 24, 1913 (Date of Event)
in Swan Lake, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Elmer Thomas	Russell Hillman Thomas

Subscribed and sworn to before me this 16 day of February, 19 77

Notary Public, residing at Preston Idaho
My commission expires 12/24/80
(Seal)

Signed X Reed H Goodrich
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Spanning Bldg Preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Cache } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of March, 19 77

Edna E. Egan
Notary Public, residing at Richmond
My commission expires My Commission Expires Sept. 30, 1979
(Seal)

Signed X Edna E. Egan
(Signature of Any Credible Person)

X 111 S 3 E, Richmond, Utah
(Street Address, City, State)

FORM DH 60-155

CL 2/2/77 lbc pd. rec. #9768

Driving record from Motor Vehicles Div Dept of Trasnportation, Salem, Oregon gives nameas Russell Hillman Thomas. born Feb 24, 1913. Policy No. 35-43174AL dated Aug 15, 1968. viewd by V. S.

Membership record from the LDS Church gives name as ~~T~~ Russell Hillman Thomas born Feb 25, 193 at Swan Lake, Idaho. father's name as Alvin Preston Thoma and mother's nameas Pearl Hillman. blessed April 6, 1913 and Baptized July 2, 1921. viewed by V. S.

3862410 003-843

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Swan Lake

No ....., ... St.

Hospital Edwards

Form V. S. No. 16-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 12107

Primary Registration District No. 2046 Registered No. 19

FULL NAME OF CHILD Baby Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
m			yes	Feb 24 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Alvin P. Thomas	FULL MAIDEN NAME Pearl Hillman
RESIDENCE Swan Lake, Ida	RESIDENCE Swan Lake, Ida
COLOR W AGE AT LAST BIRTHDAY 24 (Years)	COLOR W AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Richmond Utah	BIRTHPLACE Oxford, Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas W Tarr

Downey, Ida.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Ellis Kasch

Registrar

Filed March 19, 1913 Ellis Kasch

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

MAY 19 1977

655 221 003-636

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No 11 File No 12108

No ....., ... St.

Primary Registration District No 2046 Registered No 251

Hospital .....

FULL NAME OF CHILD Mona Davison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
fem.			yes	Feb 21 1913

	FATHER	MOTHER
FULL NAME	Ed. Davison	Nora O'Connell
RESIDENCE	Downey Ida	Downey Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	36	35
BIRTHPLACE	New Carlyden, Ohio	County of Cork, Ireland
OCCUPATION	Carpenter	Housewife + Nurse

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl Worden M.D.

(Physician or Midwife)

Address Downey, Idaho

Given names added from a supplemental report

....., 19.....

Elsie Kasey
Registrar

Filed March 1, 1913 Elsie Kasey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

219-130-1003-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Downey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12109

Primary Registration District No. 2046 Registered No. 73

FULL NAME OF CHILD Daniel B. Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		yes	Jan 30 1913

FATHER	MOTHER
FULL NAME: Fred L. Barnes	FULL MAIDEN NAME: Ida E. Blackham
RESIDENCE: Downey Idaho	RESIDENCE: Downey Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Bayerville Utah	BIRTHPLACE: Downey, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

(Signature) Leopold Lawson M.D.

(Physician or ~~Midwife~~)

Address Downey

____, 19____

Ellis Kasey Registrar

Filed Mch 14 1913 Ellis Kasey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

OCT 29 1968

8.14-225.223 & 15

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C-Rev. 9-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No 11 File No. 12110

No ____, ____ St.

Primary Registration District No. 2046 Registered No. 72

Hospital ~~Grace~~

FULL NAME OF CHILD ~~Baby~~ Hadfield LUELLA HADFIELD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				Jan 25 1913

FATHER

FULL NAME: Ira Hadfield

RESIDENCE: Downey Idaho

COLOR: W AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Syracuse Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Laura Hancock

RESIDENCE: Downey Idaho

COLOR: W AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Downey Idaho

OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carpenter Lamond M.D.

(Physician or Midwife)

Address Downey Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kasey Registrar

Filed Mch 10, 1913 Ellis Kasey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Box Elder } ss.

Certificate No. 12110

Date Filed:

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Luella Hadfield (Name on Original Certificate) who 95 Born (Was Born or Died) on 1913. (Date of Event)
in Downey Idaho Cambridge Ward (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	~~Grace~~	Luella Hadfield
Luella		

Subscribed and sworn to before me this 23
day of June, 1942
James Brough
Notary Public, residing at Fremonton · Utah
My commission expires Oct 5 · 1945
(Seal)

Signed Louisa A. Hancock Mrs John H. Hadfield Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Fremonton · Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Box Elder } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

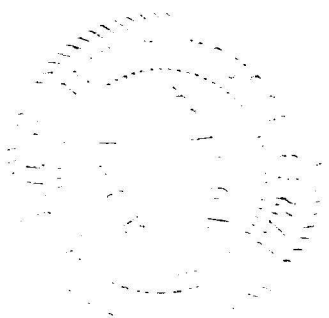
The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of June, 1942
James Brough
Notary Public, residing at Fremonton · Utah
My commission expires Oct 5 · 1945
(Seal)

Signed Alice A Hadfield Burton
(Signature of Any Credible Person Other Than Previous Year)
Fremonton · Utah
(Street Address, City, State)

JUN 29 1942

JUL 2 1942



255-218-003-515

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No ____, ____ St.

Hospital ____

Registration District No. 11 File No. 12111

Primary Registration District No. 1046 Registered No. 71

FULL NAME OF CHILD Ho. H. Jessie Kendall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb 18 1913

FATHER	MOTHER
FULL NAME: Rheuban Kendall	FULL MAIDEN NAME: Delina Vanleuvan
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: american	COLOR: American
AGE AT LAST BIRTHDAY: 48 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Farmers wife

Number of child of this mother, including present birth: 11

Number of children, of this mother, now living, including present birth: 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Martha Hancock

(Physician or Midwife)

Address Downey

Given names added from a supplemental report

....., 19.....

Ellis Kasey

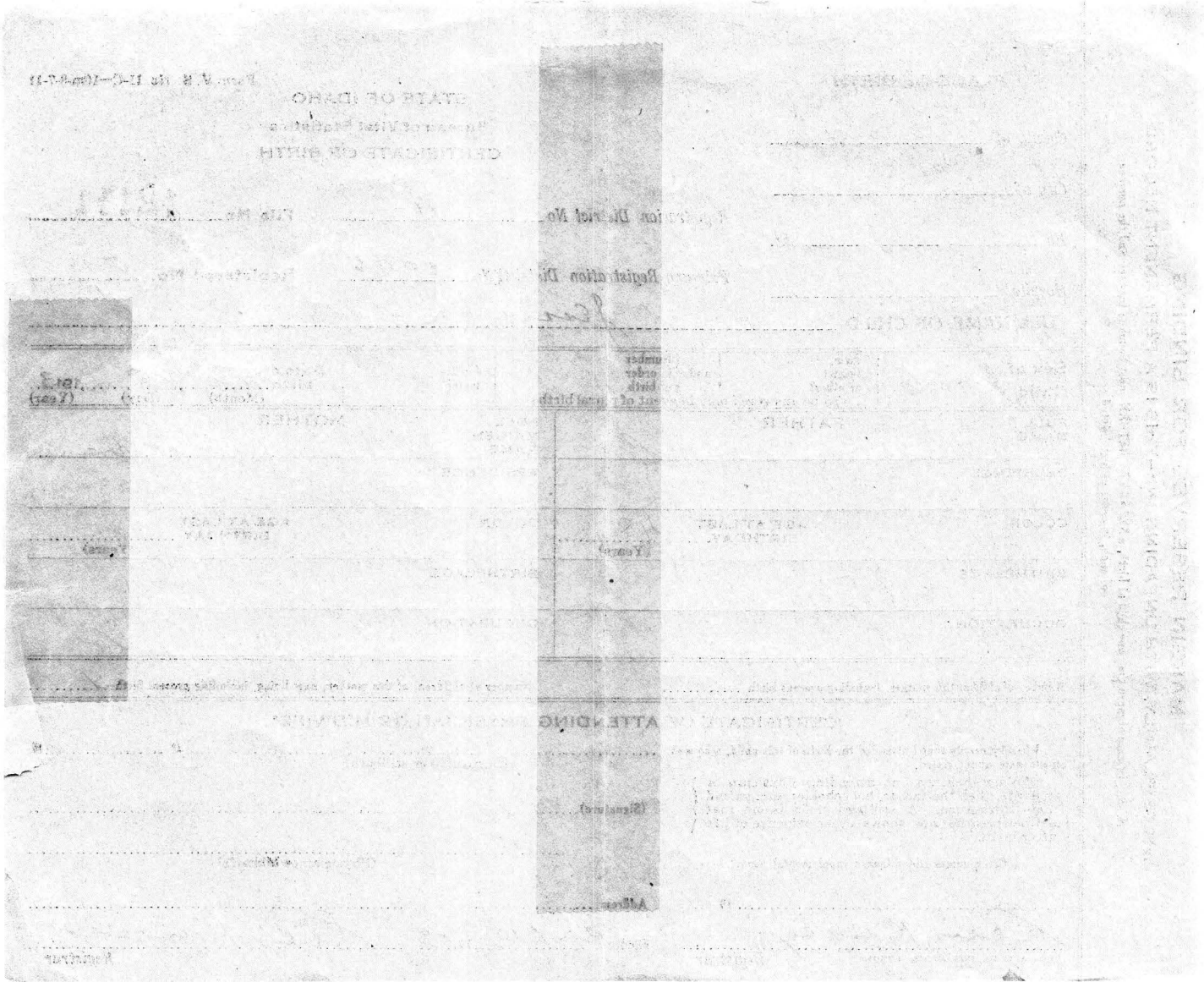
Registrar

Filed Feb 10, 1913

Ellis Kasey

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



455-110-1003-213

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No ____, ____ St.

Registration District No 11 File No. 12113

Primary Registration District No. 2048 Registered No. 81

Hospital ____

FULL NAME OF CHILD Byron Deaton

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Y	3 10 1913

FATHER		MOTHER	
FULL NAME	Byron Deaton	FULL MAIDEN NAME	Mary Ballard
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	N. C	BIRTHPLACE	N. C
OCCUPATION	Laborer	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 1 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kearsley

(Physician or ~~Midwife~~)

Address Soda Springs, Idaho

Given names added from a supplemental report

____, 19____

Ellis Kearsley
Registrar

Filed Mch 10, 1913 Ellis Kearsley
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

442-122.003-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bonneville

City of Soda Springs

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12114

Primary Registration District No. 2048 Registered No. 68

FULL NAME OF CHILD James Ellis Ruby

Sex of Child	Twin, Triplet — or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Feb 22 1913

FATHER		MOTHER	
FULL NAME	Wm Ruby	FULL MAIDEN NAME	Cyrena Nelson
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Electrician	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 4.9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kanely

(Physician or ~~Midwife~~)

Address Soda Springs

Given names added from a supplemental report

____, 19____

Ellis Kanely Registrar

Filed Mch 6, 1913 Ellis Kanely Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

FEB 9 1942

759.125 1803-897

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Alexander

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 12115

Primary Registration District No. 2048 Registered No. 69

FULL NAME OF CHILD Ellis Gerber

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	Feb 25, 1913

FATHER		MOTHER	
FULL NAME	Alexie Gerber	FULL MAIDEN NAME	Rose Higgley
RESIDENCE	Alexander	RESIDENCE	Alexander
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Switzerland	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 6 P M. on the date above stated.

(Signature) Ellis Kaisley

(Physician or Midwife)

Address Soda Springs

Filed Mar 10, 1913 Ellis Kaisley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____ Ellis Kaisley Registrar

SYMS & YORK CO., PTRS. & BDRS 17326

DUP OF 1913-272326

NOT

Z NAME

753/18-005-505

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Wayan

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 — File No. 12116

Primary Registration District No. 2048 — Registered No. 70

FULL NAME OF CHILD James Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	2 / 18 / 1913

FATHER		MOTHER	
FULL NAME	Otto Peterson	FULL MAIDEN NAME	Nora Nielsen
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Sweden	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs James Sibbett

~~Physician or~~ Midwife

Given names added from a supplemental report

____, 19____

Address Wayan

Filed March 6, 1913

Ellis Causey
Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Ellis Causey
Registrar

Amended 4-16-58

PLACE OF BIRTH

389-22-9160 03-155

STATE OF [redacted]
DEPARTMENT OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Lago

No. ..... St.

Registration District No. 11 File No. 12120

Hospital .....

Primary Registration District No. 2042 Registered No. 61

FULL NAME OF CHILD Dorothy Marie Christensen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (and) Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	January 29, [redacted] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Henry Christensen	FULL MAIDEN NAME: Emma Jensen
RESIDENCE: Lago, Idaho	RESIDENCE: Lago, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Lago, Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Mrs. Mary A. Turner

Midwife
(Physician or midwife)

Address Lago, Idaho

Filed March 19, [redacted] 1913 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Lago Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12120

Primary Registration District No. 2043 Registered No. 61

FULL NAME OF CHILD Doreth Mera Christen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		yes	Jan 29 1913

FATHER		MOTHER	
FULL NAME	Henry C Christen	FULL MAIDEN NAME	Emline Jensen
RESIDENCE	Lago Idaho	RESIDENCE	Lago Idaho
COLOR	wht	COLOR	white
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Lago [redacted] Lago Idaho
OCCUPATION	farmer	OCCUPATION	Midwife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Mary a Turner
(Physician or midwife)

Address Lago Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaercher
Registrar

Filed Feb 19 19 13

Ellis Kaercher
Registrar

S-Y CO. 20174

APR 18 1958

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of State of Idaho } ss.
County of Caribou }

Certificate No. 12120

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Doreth Mera Christson (Name on Original Certificate) who born (Was Born or Died) on Jan. 29, 1913 (Date of Event)
in Lago (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing LDS (Bible Record, Insurance Policy, Etc.) prepared on April 13, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	Viewed by vital stat. School Record - 1927-1931 - viewed by vs (The Correct Facts)
Child's Name	Doreth Mera Christson	Dorothy Marie Christensen
Father's Name	Henry C. Christesen	Henry Christensen
Mother's Name	Emline Jensen	Emma Jensen

Subscribed and sworn to before me this 7 day of April, 19 58

Notary Public, residing at Grace, Idaho
My commission expires Feb. 26-1961
(Seal)

Signed Emma Christensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of April, 19 58

Notary Public, residing at Grace, Idaho
My commission expires Feb. 26-1961
(Seal)

Signed Effie Bennett
(Signature of Any Credible Person)

Grace, Idaho
(Street Address, City, State)

FORM DPH 55.155

NNCL 4-2-58 nm

APR 15 2001

353-106-093-396

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12122
Local Reg. No.
Reg. Dist. No. 11

Amended 1/3/78

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lund

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Lund

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Eldon b. (Middle): Ray c. (Last): Lechtenberg

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Feb. (Day) 6, (Year) 1913

Time: 5:45 PM

FATHER OF CHILD

7. FULL NAME

a. (First): Peter b. (Middle): P. c. (Last): Lechtenberg

8. AGE (At time of this birth): 45 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Pennsylvania

10. USUAL OCCUPATION: Farming

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Delia b. (Middle): c. (Last): Crockett

13. AGE (At time of this birth): 40 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 6

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. R. J. Smith

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Bancroft, Ida.

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: March 10, 1913

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address information required on all lines when completing this certificate. VITAL STATISTICS, BOISE, IDAHO.

355/06 · 003-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Lund

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12122

Primary Registration District No. 2048 Registered No. 65

FULL NAME OF CHILD Owen Lechtenberg

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	Feb 6 1913

FATHER		MOTHER	
FULL NAME	Peter V. Lechtenberg	FULL MAIDEN NAME	Delia Crockett
RESIDENCE	Lund	RESIDENCE	Lund
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Pennsylvania	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. W. Smith

(Physician or midwife)

Address Lund Ida.

Given names added from a supplemental report

....., 19.....

Ellis Kaercy
Registrar

Filed Mar 10, 1913

Ellis Kaercy
Registrar

S-Y CO. 20174

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of Birth
FULL NAME	FATHER			FULL MAIDEN NAME	MOTHER

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 14 8 49 AM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah
County of Davis } ss.

Certificate No. 12122

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Owen Lechenberg (Name on Original Certificate) who was born (Was Born or Died) on Feb 6, 1913 (Date of Event)
in Lund, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Sworn statment of the Bishop of Ward where birth took place (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Owen Lechenberg	Eldon Ray Lechtenberg
father's name	Peter P. Lechenberg	Peter P. Lechtenberg

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Davis } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of December, 1977

Harold E. Lund
Notary Public, residing at Clearfield, Utah
My commission expires JUNE 18, 1978
(Seal)

Signed Jesse D. Barlow
(Signature of Any Credible Person)

211 East Center Street, Clearfield, Utah. 84015
(Street Address, City, State)

Blessing record from the LDS Church gives name as Eldon Ray Lechtenberg born Feb 6, 1913 at Lund, Idaho. Father's name as Peter P. Lechtenberg and mother's name as Delia Crockett. Blessed April 6, 1913. viewed by V. S.

JAN 3 1978

Baptismal record from the LDS Church gives nma eas Eldon Ray Letchenberg born Feb. 6, 1913 in Lunda, Idaho. father's name as Peter P. Lechtenberg and mother's name as Delia Crockett. Baptized June 15, 1921. viewed by V. S.

653/1910-03-493

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Registration District No. 11 File No. 12123

Primary Registration District No. 2048 Registered No. 66

Hospital ____

FULL NAME OF CHILD Ramond Welch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m			Yes	Feb 19 1913

FATHER		MOTHER	
FULL NAME	John Welch	FULL MAIDEN NAME	Florence Mills
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 15a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R J Smith

(Physician or midwife)

Address Bancroft, Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaucy
Registrar

Filed March 19 1913 Ellis Kaucy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. II-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

123

Sex of Child	Twin, Triplet (or Quad.)	Number in order of birth	Legiti-	Date of Birth	Age

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER

313.202-003-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 12124

Primary Registration District No. 2048 Registered No. 67

FULL NAME OF CHILD Ora Lallatin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	March 2, 1913

FATHER		MOTHER	
FULL NAME	Linley Lallatin	FULL MAIDEN NAME	Agnes McLain
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Switzerland	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kaseley

(Physician or Midwife)

Address Soda Springs

Given names added from a supplemental report

____, 19____

Ellis Kaseley Registrar

Filed March 19, 1913 Ellis Kaseley Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

NOV 1 9 1975

FEB 6 1976

863.164.603-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. B-C—Rev. 5-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Wayan

No ____, ____ St.

Hospital ____

Registration District No. 11 — File No. 12125

Primary Registration District No. 2048 — Registered No. 8 L

FULL NAME OF CHILD Joseph Hackney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	yes	3 4 1913

FATHER		MOTHER	
FULL NAME	R. H. Hackney	FULL MAIDEN NAME	Hattie Beamguard
RESIDENCE	Wayan	RESIDENCE	Wayan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs James Gilbertt

(Physician or Midwife)

Address Wayan

Given names added from a supplemental report

____, 19____

Ellis Carey
Registrar

Filed Mar 16 1913 Ellis Carey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JAN 8 1943

168/27-016-3

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley Registration District No. 31 File No. 12126

No. St. Primary Registration District No. 2176 Registered No. 56

Hospital

FULL NAME OF CHILD Marvin Lamar Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 27 1913

FATHER		MOTHER	
FULL NAME	B. W. Johnson	FULL MAIDEN NAME	Nellie Bennett
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wis.	BIRTHPLACE	Utah
OCCUPATION	Painter	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3-10 19 13 L. B. Stockbridge
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 16 1941

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

24-125-016-753

(Be sure the information is complete and accurate)

Amended 11-18-65

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12127
Local Reg. No. 27
Reg. Dist. No. 31

1. PLACE OF BIRTH
a. COUNTY: Cassia
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Clyde
b. (Middle): William
c. (Last): Smith

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): February 25, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): T.
b. (Middle): H.
c. (Last): Smith

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lottie
b. (Middle):
c. (Last): Peck

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. C. Patterson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Burley, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-10-1913

22. REGISTRAR'S SIGNATURE: L.B. Stockslege

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

JUN 8 1965

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Bureau of Vital Statistics

Certificate No. 12127

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Smith (male child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 26, 1913 (Date of Event)
in Burley, Idaho (Place of Event) ..... are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) ..... are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Clyde William Smith
Child's Date of Birth	Feb. 26, 1913	Feb. 25, 1913

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ~~Kootenai~~ Idaho } ss.
County of Minidoka }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of
May, 1965

Notary Public, residing at Rupert Idaho
My commission expires April 29, 1966
(Seal)

Signed Bert L. Smith
(Signature of Any Credible Person)

501 J. St. Rupert Idaho
(Street Address, City, State)

FORM DH 60-155

CL 4-28-65. one copy pd. rec. #12286.

App. to the Beneficial Life Insurance Co., May2, 1939 at Declo, Idaho gives full name of Applicant as Clyde William Smith, born Feb. 25, 1913 at Burley, Idaho - viewed by V.S. Policy No. 192762 -

Marriage Certificate, No.254143, State of Nevada, County of Clark, married Aug. 30, 1953 gives full name of groom as Clyde William Smith and full name of bride as Delpha A. Smith - viewed by V.S.

Statement from George E. Neilson, Bishop, Rupert, Ward, states "This is to notify that according to the records of the Church of Jesus Christ of Latter-Day Saints, Clyde William Smith was born on February 25, 1913, at Starrs Ferry, near Burley, Idaho." - statement written Sept. 2, 1965 - viewed by V.S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

District No. 31

File No. 12127

No. ..... St.

Primary Registration District No. 31-21

Registered No. 27

Hospital .....

FULL NAME OF CHILD Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb. 26 1913

FATHER		MOTHER	
FULL NAME	J. H. Smith	FULL MAIDEN NAME	Lottie Peck
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.25 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 3-10 1913 L. B. Stonebraker

Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 18 1965

813216-016-695

Form V, S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12128

County of Cassia

City of Near Burley

No. ..... St.

Hospital .....

Registration District No. 31

Primary Registration District No. 21 2d

File No. .....

Registered No. 24

FULL NAME OF CHILD Katherine Hackman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
F.		yes	2 - 16

FATHER		MOTHER	
FULL NAME	C. A. Hackman	FULL MAIDEN NAME	Frieda E. Winkler
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 o'clock on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. G. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 3-10 1913 L. B. Brockbank

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 21 1961

255-218-016-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12129

Primary Registration District No. 3124 Registered No. 29

FULL NAME OF CHILD Severe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Feb. 18 1913

FATHER		MOTHER	
FULL NAME	E. J. Severe	FULL MAIDEN NAME	Annie Cook
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

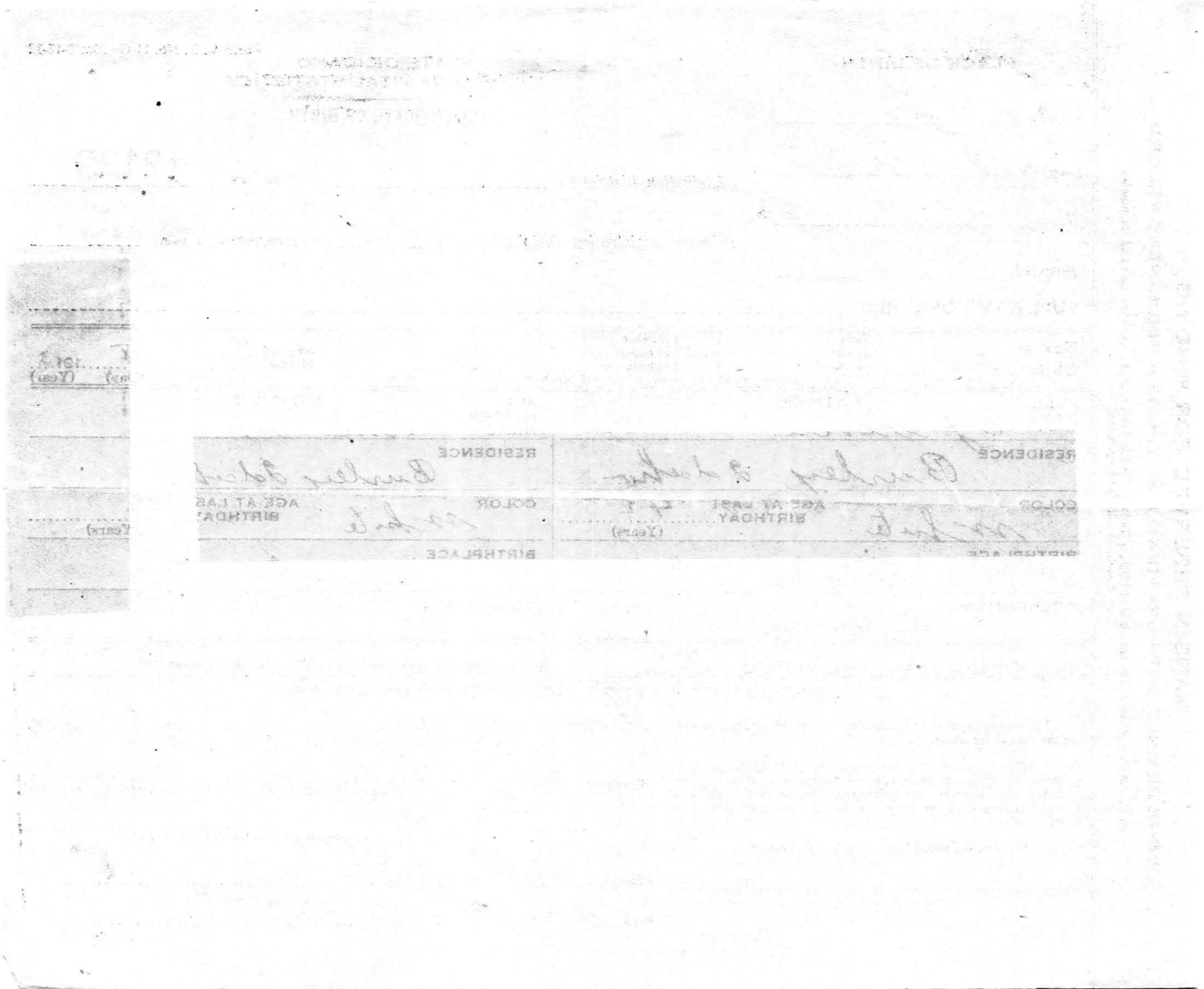
Given names added from a supplemental report

..... 19.....

Filed 3-10 19 13 C. B. Stockton Registrar

..... Registrar

S-Y CO. 20174



469.169.216-386

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

12130

County of Cassia

City of Burley — Registration District No. 31 — File No.

No. ____ St. — Primary Registration District No. 2132 — Registered No. 30

Hospital

FULL NAME OF CHILD LOUIS WILLIAM Mortensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb 9th 1913

FATHER		MOTHER	
FULL NAME	W. C. Mortensen	FULL MAIDEN NAME	Elizabeth Thomas
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Electrician	OCCUPATION	

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D. (Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 3-10 19 13 L B Stockdale Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of) Bonner

FOR BINDING
THIS IS A PERMANEN
STORM must be made for each sheet.

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY 2 7 (Years)

BIRTHPLACE

SEP 22 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California)ss
County of Los Angeles)

Certificate No. 12130

SEP 16 1941

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Louis William Mortensen (Name on original certificate) who was born (was born or died) on Feb. 9, 1913 (Date of event) in Burley, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Letter (Bible record, insurance plcy.etc.) prepared on August, 1941 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Louis W. Mortensen
.....	(Male) Mortensen	Louis William Mortensen
.....	.....	.....
.....	.....	.....

Subscribed and sworn to before me this 15th day of September 1941

Signed X Elizabeth F. Mortensen Lovitt
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.~~)

Florence King
Notary Public
Residing at 2763 W. 14th St Los Angeles, Calif

FLORENCE KING
3884 E. 5th St., Los Angeles
(Street address, City, State) Californ.

My commission expires My Commission Expires Dec. 5, 1944

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of .....)
)ss
County of .....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of .....19..

Signed .....
(Signature of any credible person other than the previous affiant.)

.....
Notary Public
Residing at .....

.....
(Street address, City, State)

My commission expires .....
(SEAL)

S12-108-06-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

File No. 12131

Primary Registration District No. 2126

Registered No. 31

FULL NAME OF CHILD Kenji Nakaya

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Feb. 28 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	K. Nakaya	FULL MAIDEN NAME	Tye Take
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho.
COLOR	Japanese	COLOR	Japanese
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Jap Overseer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-10 19 13 C B Stockdale Registrar

8-Y CO. 20174

DUP OF 1913-198748

655-225-016-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 12132

Primary Registration District No. 2128 Registered No. 32

FULL NAME OF CHILD Fenn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 25th 1913

FATHER		MOTHER	
FULL NAME	J. A. Fenn	FULL MAIDEN NAME	Myrtle Fairchilds
RESIDENCE	Burley, Idaho.	RESIDENCE	Burley, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

....., 19.....

Filed 3-10 19 13 L. B. Stockdale

Registrar

.....

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 7 1970

615-227-016-249

Form V. S. No. 11-C—20m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 12133

Primary Registration District No. 21 24 Registered No. 33

Elmina

FULL NAME OF CHILD Bernice Hanna

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb. 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	S. A. Hanna	Elmina Smith
RESIDENCE	Burley, Idaho	Burley, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37 36	23
BIRTHPLACE	Penn.	Idaho.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.50 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed 3-10 19 13 B. B. Stockdale

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE	

389-209-016-154

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

Registration District No. 31

Primary Registration District No. 21 2nd

File No. 12134

Registered No. 34

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	one		no	Feb. 9th, 1913

FATHER		MOTHER	
FULL NAME	Niels Christensen	FULL MAIDEN NAME	Josephine Andersen
RESIDENCE	Burley	RESIDENCE	Burley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Hilda Shallman

Midwife (Physician or Midwife)

Address Burley Ida

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 3-10 19 13 L B Stackhouse Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

845-15-1616-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Cassia

City of Burley

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12135

Primary Registration District No. 21 34 Registered No. 37

FULL NAME OF CHILD Rollin Wheeler Hunter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) Feb. (Day) 15 (Year) 1913
Male			Yes	

FATHER		MOTHER	
FULL NAME	Thomas Estabrook Hunter	FULL MAIDEN NAME	Lois Wheeler
RESIDENCE	Malta Ida.	RESIDENCE	Malta Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Idaho
OCCUPATION	Surveyor	OCCUPATION	Housework

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including ____ birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Strom MD

(Physician or Midwife)

Address Burley Idaho

Filed 3-13 19 13

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-12

PLACE OF BIRTH

County of

RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

CERTIFICATE OF BIRTH

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

MOTHER

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

FATHER

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

(Years)

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 12135

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
father's name	Estelle Hunter	Thomas Estel Hunter
name	Roland Wheeler	Rollin Wheeler Hunter
birthdate	Mary 13, 1913	Feb. 15, 1913

Subscribed and sworn to before me this 22
day of June, 1942

W. B. Foy
Notary Public, residing at Boise, Ida.
My commission expires 7/4/45
(Seal)

Signed Thomas Estel Hunter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1661 Alturas, Boise, Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22
day of June, 1942

W. B. Foy
Notary Public, residing at Boise, Ida.
My commission expires 7/4/45
(Seal)

Signed Lois Wheeler Hunter
(Signature of Any Credible Person Other Than Previous Year)
1661 Alturas, Boise, Ida
(Street Address, City, State)

JUN 23 1942

464-115-016-284

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Cassia

City of Burley

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 31 File No. 12136

Primary Registration District No 214 Registered No. 36

FULL NAME OF CHILD Melvin Walter Momsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No		Yes	1 – 15 – 1913

FATHER		MOTHER	
FULL NAME	J W Momsen	FULL MAIDEN NAME	Jenny Thugenberg
RESIDENCE	Burley Idaho	RESIDENCE	Burley Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	South Dakota	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Stamm M.D.

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-13-13 B Shelley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

MAR 7 1940

38-218-016-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Cassia

City of Albion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12137

Primary Registration District No. 2125 Registered No. 13

FULL NAME OF CHILD Chatburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	X	X	Yes	Feb 18 1913

FATHER	MOTHER
FULL NAME William H. Chatburn	FULL MAIDEN NAME Harriet Celesta Damron
RESIDENCE Albion Idaho	RESIDENCE Albion
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Idaho
OCCUPATION School Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L B Stockdale MD

(Physician or midwife)

Address Albion Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 20 1913 L B Stockdale

Registrar

..... Registrar

S-Y CO. 20174

JUN 20 1967

753226 ab 893

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Malta

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12138

Primary Registration District No. 2135 Registered No. 14

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Mar 26 1913

FATHER		MOTHER	
FULL NAME	Albert Junius Peterson	FULL MAIDEN NAME	Laura Lavinia Hiet
RESIDENCE	Malta Ida	RESIDENCE	Malta Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Bear River Cy Utah	BIRTHPLACE	Malta Ida
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth ....

Number of children of this mother now living, including present birth ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12:15 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C L Sater MD

(Physician or midwife)

Address Malta Ida

Given names added from a supplemental report

....., 19....

Filed 3-6 19 13 T B Deatherage

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 5 1973

394-105-016-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12141

Primary Registration District No. 2126 Registered No. 17

FULL NAME OF CHILD Cramer

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	Jan. 5 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Cramer	FULL MAIDEN NAME	Maud Walker
RESIDENCE	Oakley Ida	RESIDENCE	Oakley Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:25 P. M. on the date above stated.

(Signature) C. P. Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Filed 3-11 19 13 H. B. Stricklett Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1969

665-118-816-294

Form V. S. No. 11-C—20m-3-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Basin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12142

Primary Registration District No. 2126 Registered No. 18

FULL NAME OF CHILD Owen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Male	X		X	Yes	1 — 18 — 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Hans Owen	FULL MAIDEN NAME	Lucy Kidd
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Colorado	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-11 1913 L.B. Stockslager Registrar

8-Y CO. 20174

168-22-014-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12143

Primary Registration District No. 2126 Registered No. 19

FULL NAME OF CHILD Verna Louise Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	yes	1 — 21 — 1913

FATHER		MOTHER	
FULL NAME	Thomas A. Johnson	FULL MAIDEN NAME	Edora ~~John~~ Kinney
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5-10 a. M. on the date above stated.

(Born alive or stillborn)

(Signature) E. P. Holcomb M.D.

(Physician or midwife)

Address Oakley Idaho

Filed 3-11 1913 C. B. Stoddard Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

OCT 31 1942

95-X-12-016-525

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 12144

Primary Registration District No. 2126 Registered No. 20

FULL NAME OF CHILD Remington

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	2-6-1913

FATHER		MOTHER	
FULL NAME	John L. Remington	FULL MAIDEN NAME	Mary Ann Ekenstam
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2⁰⁵ P. M. on the date above stated.

(Signature) E. P. Colohan M.D.

(Physician or midwife)

Address Oakley Idaho

Filed 3-11 19 13 L. B. Stubbs Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 9/13/71
13-10-1616-393

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12145

Primary Registration District No. 2126 Registered No. 21

FULL NAME OF CHILD Roland Ernest Daly

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	X		X	Yes	2 - 7 - 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Thaddeus B. Daly	FULL MAIDEN NAME	Emma Littledike
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mich.	BIRTHPLACE	England
OCCUPATION	Buggy Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Edwards M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-11-1913 L B Stoddard

Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Montana } ss.
County of Cascade }

Certificate No. 12145

RECEIVED JUL 29 1971 Bureau of Vital Statistics

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Daly (Name on Original Certificate) who was born (Was Born or Died) on Feb. 7, 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Ins Pol — Church Records (Bible Record, Insurance Policy, Etc.) prepared on Aug. 7, 1933 - Feb. 14, 1937 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Daly	Roland Ernest Daly
Father's name	Thaddeus B. Daly OK	NO Thadeus Bush Daly
Mother's maiden name	Emma Littledyke	Emma Littledike

Subscribed and sworn to before me this 27 day of July, 19 71

[illegible] Deane Grosvenor

Notary Public, residing at Great Falls Mont.

My commission expires 1-15-72

(Seal)

Signed Dorothy Daly (Wife)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1414 - 16th S. So.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 7/22/71 nm

Certificate of membership to LDS Church gives name as Roland Earnest Daly. Listed as an Elder. Parent's names as Thaddas B. Daly and Emma Littledike. Born Feb. 7, 1913. Dated Feb. 4, 1937. Viewed by V. S.

SEP 13 1971

Birth Certif. from Montana Dearoness Hospital, Great Falls, Montnat for Donald Roland Daly born May 30, 1940. Gives father's name as Roland Ernest Daly born Feb 7 1913. Gives mother's maiden name as Dorothy Sanderson born Nov. 26, 1915. Viewed by V. S.

Certificate of Ordination to the office of Deacon gives name as Rowland E. Daly. son of Thadas B. Daly and Emma Littledike. Born Feb. 7 , 1912. Dated May 3, 1925. Viewed by V. S.

Archive Record før John Samuel Littledike and Fanny Oldham gives child's name as Emma Littledike born Mar 18, 1872at Brixworth, Northum., England. Married June 26, 1894 to Thaddeus Bush Daly. Viewed by V. S.

Rembrence from Mortuary for Thadeus B. Daly born Oct. 7, 1870 and died Aug 16, 1952. from Sandberg Funeral home, Blackfoot, ID . Viewed by V. S.

From film #2520, pt. 5, LDS Church Records , Oakley First Ward, Idaho. gives name as Roland Ernest Dayly. Born at Oakley on Feb. 7, 1913. Blessed by Hector C. Haight, Ma May 11, 193. Gives father's name as Thaddeus Dayly and mother;s name as Emma Littledyke. Signed by Moselle B. Stock, Librarian. Viewed by V. S.

Certif. of Death from Idaho gives name as Thaddeus Bush Daly, died Aug. 16, 1952 at Blackfoot, Idaho. Date of birth given as Oct. 7, 1870. Viewed by V. S. #52-2811

-312-22: 016-226

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12146

Primary Registration District No. 3176 Registered No. 22

FULL NAME OF CHILD HAZEL Lake

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)		X	Yes	2 - 22 - 1913

FATHER		MOTHER	
FULL NAME	Fran J. Lake	FULL MAIDEN NAME	Melvina Brownlake
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	49	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	New York	BIRTHPLACE	California
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Oldham M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-11 19 13 L B Hawkes

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of .....
County of ..... } ss.

Certificate No. 12146

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Lake (Name on Original Certificate) who was born (Was Born or Died) on February 22, 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Marriage License September 5, 1935 (Bible Record, Insurance Policy, Etc.) prepared on Oakley School record May 5, 1932 (Date) Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Hazel Lake

Subscribed and sworn to before me this ..... day of
....., 19.....

Signed Malvina M. Lake
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at .....
My commission expires .....
(Seal)

311 - 3rd. Ave., East
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of .....
County of ..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
April 6, 1956.

Mrs. Margaret E. Smith
Notary Public, residing at Twin Falls, Idaho
My commission expires November, 1958
(Seal)

Signed Ora L. Nelson
(Signature of Any Credible Person)

415 2nd Ave North
(Street Address, City, State)
Twin Falls, Idaho

FORM DPH 55. 155

Copy pc

MAY 31 1956

485-223-016-921

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12147

Primary Registration District No. 2126 Registered No. 23

FULL NAME OF CHILD Dyer

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)		X	Yes	2-23-1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Morley Dyer	Katherine Isaakson
RESIDENCE	Marion	Marion
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	42
BIRTHPLACE	West Virg.	Utah
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:55 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Richards M.D.

(Physician or midwife)

Address Declo Cassia Co. Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-11 1913 L. B. Stackhouse Registrar

S-Y CO. 20174

Form V. S. No. 11-C—Rev. 5-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

365-21-2-16-175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C ~~20m~~ 2-15-12

PLACE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12148

Primary Registration District No. 2126 Registered No. 24

FULL NAME OF CHILD SARAH Tolman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X	X	Yes	2-27-1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Owen Tolman	Sarah Alexander
RESIDENCE	Marion	Marion
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E P Howard M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed 3-11 1913 L B Stuckenberg

..... Registrar

Registrar

S-Y CO. 20174

APR 28 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls

RECEIVED
MAR 26 1971
Bureau of Vital Statistics

Certificate No. 12148

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Tolman (Name on Original Certificate) was born (Was Born or Died) on Feb 27, 1913 (Date of Event)
in Marion, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism (Bible Record, Insurance Policy, Etc.) prepared on Sept 2nd 1971 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Unnamed Tolman	Sarah Tolman

Subscribed and sworn to before me this 19th day of March 1971

Gay T Randal
Notary Public, residing at Twin Falls, Idaho
My commission expires Oct. 29, 1972
(Seal)

Signed Francis McEldowney Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
812 Main ave N. Twin Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of March 1971

Gay T Randal
Notary Public, residing at Twin Falls, Idaho
My commission expires Oct 29, 1972
(Seal)

Signed Ineta Hodges
(Signature of Any Credible Person)
1154 NW 4th ave Ontario Oregon
(Street Address, City, State)

FORM DH 60-155

L. 3-12-71 AR

photocopy of Cert. of Baptism gives name as Sarah Tolman born Feb 27, 1913 at Marion, Cassia Co., Idaho to Owen Tolman and Sarah Alexander. Baptized Sept 2, 1921, L.D.S.Church. viewed by V.S.

OCT 24 1972

photocopy of Murtaugh High School Diploma dated May 26, 1933 gives name as Sarah Tolman, viewed by V.S.

APR 7 1971

455-205-06-951

[redacted]

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Cassia

City of Marion

No. ..... St.

Hospital .....

Registration District No. 31 File No. 12149

Primary Registration District No. 2126 Registered No. 35

FULL NAME OF CHILD De La Mar

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	X (To be answered only in event of plural births)	X	Yes	3 - 5 - 1913

FATHER		MOTHER	
FULL NAME	Wolford DeLamar	FULL MAIDEN NAME	Mary Read
RESIDENCE	Marion	RESIDENCE	Marion
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7:20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. P. Oldhamus M.D.

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

Filed 3-11 1913 L. B. [illegible]

..... Registrar

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 5-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BINDING

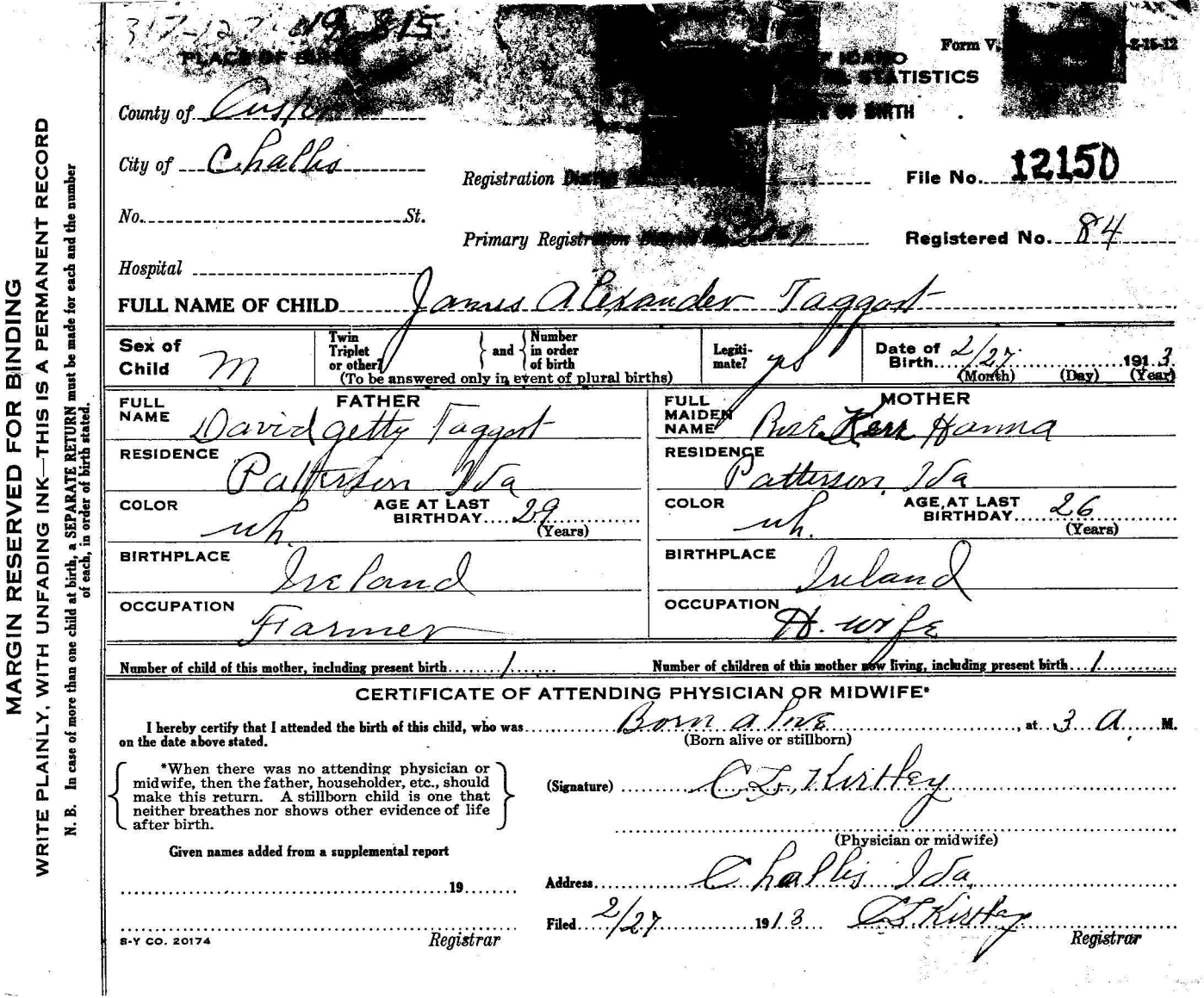
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. No case of more than one child at a birth, a SEPARATE CERTIFICATE must be made for each and the number of child in order of birth.

C

M

F



317-127 [illegible] 15

PLACE OF BIRTH

Form V[illegible] 2-15-12

[illegible] STATISTICS

[illegible] OF BIRTH

County of Custer

City of Challis

Registration District [illegible]

File No. 12150

No. ____ St.

Primary Registration District [illegible]

Registered No. 84

Hospital ____

FULL NAME OF CHILD James Alexander Taggart

Sex of Child	Twin / Triplet or other (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	2/27/1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Getty Taggart	Bur Kar Hanna
RESIDENCE	Patterson Ida	Patterson, Ida
COLOR	wh.	wh.
AGE AT LAST BIRTHDAY	29 (Years)	26 (Years)
BIRTHPLACE	Ireland	Ireland
OCCUPATION	Farmer	H. wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. E. Kirtley

(Physician or midwife)

Address Challis Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/27/1913 C. E. Kirtley

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 1 1944

693-105 07-419

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of ____

City of Chesterfield

Registration District No. 14

File No. 12151

No. ____ St. ____

Primary Registration District No. 2064

Registered No. 85

Hospital ____

FULL NAME OF CHILD Baby Wilkerson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 5, 1913

FATHER		MOTHER	
FULL NAME	Clyde Wilkerson	FULL MAIDEN NAME	Amelia Marker
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Nebr.	BIRTHPLACE	Ida.
OCCUPATION	Carpenter	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Kelly M.D.

(Physician or Midwife)

Address Chesterfield Ida.

Given names added from a supplemental report

....., 19.....

Filed 2/7 19 13 A. B. Whitby

Registrar

S-Y CO., 16670

Registrar

815 204.09. 731

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 1-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of

No. , St.

Hospital

Registration District No. 14 File No. 12152

Primary Registration District No. 2064 Registered No. 86

FULL NAME OF CHILD Ella Hansen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Feby 4, 1909

FATHER		MOTHER	
FULL NAME	Albert K Hansen	FULL MAIDEN NAME	Sophia Clausen
RESIDENCE	Custer Co Ida	RESIDENCE	Custer Co
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6th

Number of children, of this mother, now living, including present birth 4th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 2/10 1913 C. G. Kirtley

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 6 1973

869-169-019-369

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 1903 Rev. 1911

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Custer

City of Challis

Registration District No. 14 File No. 12153

No. ....., ... St.

Primary Registration District No. 2061 Registered No. 87

Hospital .....

FULL NAME OF CHILD ~~Baby~~ Hanton, John Henry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Feb 9, 1913

FATHER	MOTHER
FULL NAME Joseph Henry Hanton	FULL MAIDEN NAME Maud Cornish
RESIDENCE Challis	RESIDENCE Challis
COLOR white AGE AT LAST BIRTHDAY 34 (Years)	COLOR white AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Utah	BIRTHPLACE Col.
OCCUPATION Teamster	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.30 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. W. Kelley M.D.
(Physician or Midwife)

Address Challis, Ida

Filed 2/12 1913 C. E. Kirby
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)

IN REPLY REFER TO NO.

UNPADDING 1/2 THIS IS A PER

BIRTHDAY

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Ada } ss.

Certificate No. .....
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for ..... (Name on original certificate) who born (Was born or died) on Feb 9th 1913 (Date of event)
in Challis Ada (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by memory (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	John Henry Horton
Fathers name	Henry Horton	Joseph Henry Horton

Subscribed and sworn to before me this 6
day of October, 1941
O M Lamey
Notary Public, residing at Meridian
My commission expires May 7 1943
[SEAL]

Signed Joseph H Horton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Meridian Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6
day of October, 1941
O M Lamey
Notary Public, residing at Meridian
My commission expires May 7 1943
[SEAL]

Signed Geo Cornish
(Signature of any credible person other than the previous affiant.)
Meridian Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 14 194

793-116-019-386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Custer

City of Mackay

Registration District No. 14

File No. 12155

No. 1, St.

Primary Registration District No. 2064

Registered No. 89

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	2/16/1913

FATHER

FULL NAME	Joseph Ritson
RESIDENCE	Mackay Ida
COLOR	white
AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	England
OCCUPATION	Miner

MOTHER

FULL MAIDEN NAME	Marinthey Thompson
RESIDENCE	Mackay Ida
COLOR	white
AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah
OCCUPATION	Wife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr R E Mason

(Physician or Midwife)

Address Mackay Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Feb 20th 1913 R. Ritson
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Q.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

22-29 1022-25

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg

No. _____ St.

Registration District No. 9

Primary Registration District No. 2038

File No. 12156

Registered No. 69

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	( )	( )	Yes	January 9 1913

	FATHER	MOTHER
FULL NAME	J. F. Skidmore	Hester Rosa Berge
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	21
BIRTHPLACE	Missouri	Wyoming
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Address Sugar City

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed March 19 13 Ray W. Fisher Registrar

S-Y CO. 20175

JUL 18 1958

Amended 2-27-59

PLACE OF BIRTH

.749-227-022-599

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12157

Primary Registration District No. 2039 Registered No. 70

FULL NAME OF CHILD Thelma Muir
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	January 27, [redacted] 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Walter Muir	FULL MAIDEN NAME: Mary Virgin
RESIDENCE: Rexburg	RESIDENCE: Rexburg
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.R. Shupe

Physician
(Physician or midwife)

Address Sugar City, Ida.

Filed March 10, [redacted] 1913 Ray H. Fisher
Registrar.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12157

Primary Registration District No. 2039 Registered No. 10, 40

FULL NAME OF CHILD Thelma Muir

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes.	3 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Muir.	Mary Virginia.
RESIDENCE	Rexburg,	Rexburg,
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33.	30
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4a, M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe.

(Physician or midwife)

Address Sugar City, Idaho

Given names added from a supplemental report

....., 19.....

Filed March 10, 1913. Ray E. Smith

Registrar

S-Y CO. 20175

Registrar

Family Record, apparently old gives correct information - also
That Thelma Muir was married April 8, 1940 - viewed by V.S.
Statement from L.D.S. Church Records- (Ward Clerk-Garner, Rexburg, Idaho)
gives correct information -
viewed by V.S.

RECEIVED
NOV 12 1958
IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Madison } ss.

Certificate No. 12157
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Muir (Name on Originaf Certificate) who born (Was Born or Died) on 3-10-1913 (Date of Event)
in Rexburg (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on November 3, 1958 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Thelma Muir

Subscribed and sworn to before me this 4th day of November, 1958.
Alice Toyte
Notary Public, residing at Rexburg Idaho
My commission expires June 26, 1959
(Seal)

Signed Thelma A Muir
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
179 East 2nd North Rexburg Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Madison } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

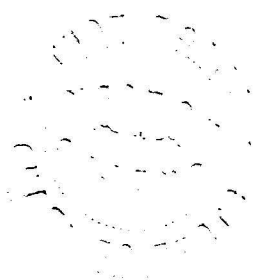
Subscribed and sworn to before me this 4th day of November, 1958.
Alice Toyte
Notary Public, residing at Rexburg Idaho
My commission expires June 25, 1959
(Seal)

Signed Walter R Muir
(Signature of Any Credible Person)
179 East 2nd North Rexburg Idaho
(Street Address, City, State)

FORM DPH 55. 155

NNCI 3-11-58 1 copy paid

NOV 13 1958
MAR 4 1959



Phostatic copy of Family Record, gives name as Thelma Muir, born January 27, 1913 - and Statemnt from L.D.S. Church Records, gives name as Thelma Muir born January 27, 1913 - Blessed May 4, 1913 - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No. 12157

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Thelma Muir (Name on Original Certificate) who born (Was Born or Died) on March 10, 1913 (Date of Event) in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible Record and Church Record (L.D.S.) (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	March 10, 1913	January 27, 1913

Subscribed and sworn to before me this 19th day of February, 19 59

Alice Tout

Notary Public, residing at Rexburg, Idaho

My commission expires June 27, 1959

(Seal)

Signed Walter B Muir
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

169 E. 2nd North, Rexburg, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of February, 1959

Alice Tout

Notary Public, residing at Rexburg, Idaho

My commission expires June 27, 1959

(Seal)

Signed Mary Muir
(Signature of Any Credible Person)

169 East 2nd North, Rexburg, Idaho
(Street Address, City, State)

FORM DPH 55.155 L 12-15-58. nm

595-1/11 022-299

PLACE OF BIRTH

County of Fremont

City of Archer

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 12158

Primary Registration District No. 2039

Registered No. 11

FULL NAME OF CHILD Ronald Arthur Niederer

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 11 1913

FATHER		MOTHER	
FULL NAME	A. E. Niederer	FULL MAIDEN NAME	Mary Ann Briggs
RESIDENCE	Archer	RESIDENCE	Archer
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah S. Briggs

(Physician or midwife)

Address Archer Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 10 13

Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/6/41. w.h.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-131-022-413

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12160

Primary Registration District No. 2039 Registered No. 73

FULL NAME OF CHILD .....

Sex of Child: M	Twin / Triplet or other? ( ) and Number in order of birth ( ) (To be answered only in event of plural births)		Legitimate? Yes	Date of Birth: Jan. (Month) 31 (Day) 1913 (Year)	

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James R. Shupe	Elnora Dalton
RESIDENCE	Sugar.	Sugar.
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	33	29.
BIRTHPLACE	Utah	Utah
OCCUPATION	Physician.	Housewife.

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed March 13 19 13

..... Registrar

R-Y CO. 20175

Registrar

238-207-022-847

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12163

Primary Registration District No. 2039 Registered No. 106

FULL NAME OF CHILD .....

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	—	Yes	Jan 7 (Month) (Day) 191 3 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Godfrey Schwendeman	FULL MAIDEN NAME	Meda Hughes
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:00 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Thurgood

(Physician or midwife)

Address Sugar

Given names added from a supplemental report

..... 19.....

Filed Feb 6 19 Ray H. Fisher Registrar

..... Registrar

amp

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12164

County of Fremont

City of Independence — Registration District No. 9 — File No. 44

No. ..... St. — Primary Registration District No. 2039 — Registered No. 94

Hospital Leo Carl Jensen

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male	c	c	yes	Jan 26

FATHER		MOTHER	
FULL NAME	Carl Jensen	FULL MAIDEN NAME	Elizabeth Jensen
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	W	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	22
		BIRTHPLACE	Ida
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl J. Peterson

(Physician or midwife)

Address Rexburg

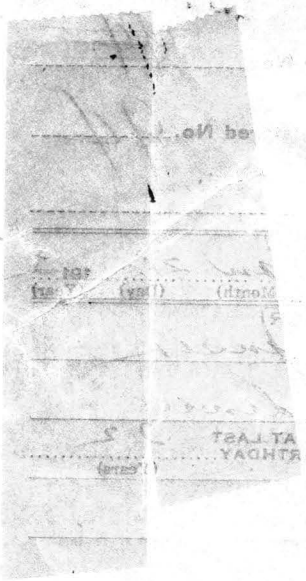
Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 10 1912 Rupert Fisher Registrar

5-Y CO. 20175



Dept 1913 - DE53 - 298

Amended 9/20/72

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

154-24-022-354

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12165

Primary Registration District No. 2039 Registered No. 109

FULL NAME OF CHILD Delia Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	C	C	Yes	Feb 19 1913

FATHER		MOTHER	
FULL NAME	Wm Anderson	FULL MAIDEN NAME	Rosetta Lemon
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuffe

(Physician or midwife)

Address Rupert, Ida.

Given names added from a supplemental report

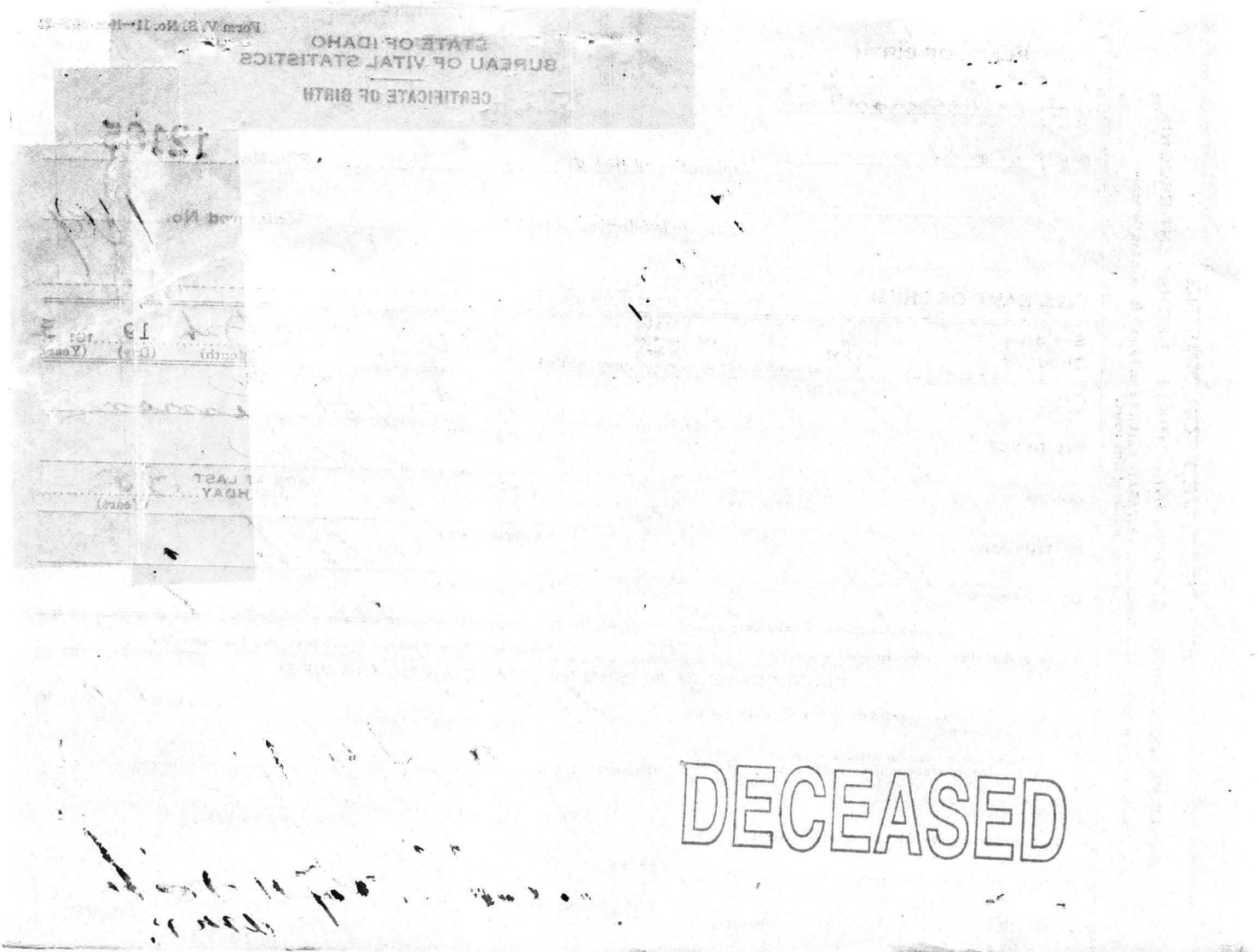
..... 19.....

.....
Registrar

Filed Mch 10 1913 Capt. Frank Ems
Registrar

S-Y CO. 20175

K


DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 19 9 23 AM '72

State of Idaho
County of ?

Certificate No. 12165

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth 19- (Birth or Death)
for Unnamed Anderson (Female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 18, 1913 (Date of Event)
in Salem, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church record (Bible Record, Insurance Policy, Etc.) prepared on 16 September - 1972 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Delia Anderson
Delia Anderson		
Date of birth	Feb. 18, 1913	Feb. 19, 1913

Subscribed and sworn to before me this 16 day of September, 1972

Notary Public, residing at

My commission expires

(Seal)

Signed Wanetta A. Pugmire
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bingham } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of September, 1972.

Notary Public, residing at Shelley, Idaho

My commission expires 3-26-75

(Seal)

Signed Florence A. Leatham
(Signature of Any Credible Person)

230 N. Emerson
(Street Address, City, State)
Shelley, Idaho.

FORM DH 60-155 CL 9/15/72 nm

QUISH!

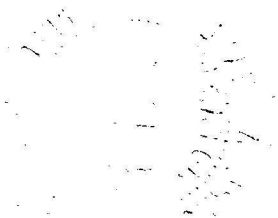
83274

Delia Anderson name given on Ceritf. of Baptism & Confirmation from LDS Church. Daughter of William F. Anderson and Royett Lemmon. Born Feb. 19, 1913 at Salem, Idaho. Was Baptized Apr. 30, 1921 and Confmed. May 1, 1921. Viewed by V. S.

SEP 20 1972

Birth certificate of own daughter on file in Idaho gives child's name as Delia Joyce Brooks born July 24, 1932. Gives fathers' name as Kelley Wells Brooks and the mother;s name as Delia Anderson. Viewed by V. S. (File No. 205408)

Certificate of Blessing from LDS Church gives name as Deliah Anderson daughter of William F. Anderson and Rosetta Lemmon born Feb. 19, 1913 at Salem, Idaho. Was Blessed February 28, 1913. Viewed by V. S.



940-108-022-577

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12166

Primary Registration District No. 2039 Registered No. 108

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	C	C	Yes	Jan 8 (Month) (Day) 191 (Year)

FATHER		MOTHER	
FULL NAME	Lorenzo Russell	FULL MAIDEN NAME	Emma Eggett
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thurgar

(Physician or midwife)

Address Dagar

Filed Mch 1 1913 Roy S. Tuckett Registrar

Given names added from a supplemental report

..... 19.....

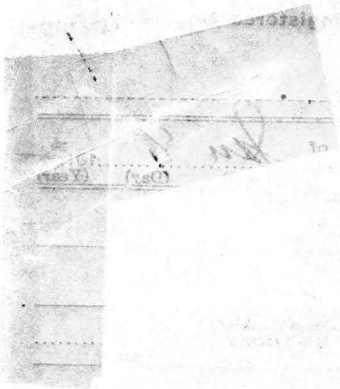
..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



961-205-22-649

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12167

Primary Registration District No. 2039 Registered No. 107

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Jan 9 1913

FATHER	MOTHER
FULL NAME Prudent Roberts	FULL MAIDEN NAME Henrietta Fremont
RESIDENCE Sugar	RESIDENCE Sugar
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Wyoming	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Whipple

(Physician or midwife)

Address Sugar

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 10 1913 Ray H. Jackson Registrar

6-Y CO. 20175

Form V. S. No. 11—10m-2-15-15

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

MARGIN RESERVED FOR BIN

WRITE PLAINLY WITH UNFADING INK—THIS IS A

7/3-1/3 022-085

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

Registration District No. 9 File No. 12168

Primary Registration District No. 2039 Registered No. 117

FULL NAME OF CHILD Ronald Charles Galbraith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	c	c	yes	Feb. 13 1913

FATHER		MOTHER	
FULL NAME	Archibald Galbraith	FULL MAIDEN NAME	Selma Aheen
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Sweeden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) Margaret Ann Briggs

(Physician or midwife)

Address Archer,

Filed Mch 10 1913 Kay H. Tesh Registrar

Am P.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 1971

2-1-71

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAR 30 9 32 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12168

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Galbraith (Name on Original Certificate) who was born (Was Born or Died) on Feb. 13, 1913 (Date of Event)
in Lyman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Ronald Charles Galbraith

Subscribed and sworn to before me this 29 day of March, 19 73

Notary Public, residing at Idaho Falls, Idaho

My commission expires 6-2-73

(Seal)

Signed Selma Galbraith mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of March, 19 73

Notary Public, residing at Idaho Falls, Idaho

My commission expires 6-2-1973

(Seal)

Signed Leo A Williams
(Signature of Any Credible Person)
555 E Street, Idaho Falls, Idaho

(Street Address, City, State)

FORM DH 60-155

1 cpd rec # 9037 Correct Corrup. (G)

Beneficial Life Ins. gives name as Ronald Charles Galbraith. Application made May 15, 1925. Policy # Herbert Grank President
Viewed by V.S.

MAY 11 1973

Notice of Separation from U. S. Naval Service gives name as Ronald Charles Galbraith, # 876 11 02. Date of Separation December 16, 1945, Ronald Charles Galbraith. Allan Acomb for W. S. Lt. Comdr. USNR
Viewed by V.S.

815-017-022-144

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12169

Primary Registration District No. 2039 Registered No. 110

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Feb. 17 1913

FATHER	MOTHER
FULL NAME: Solomon Hansen	FULL MAIDEN NAME: Ellen Judd
RESIDENCE: Sugar.	RESIDENCE: Sugar
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Arizona
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Thompson

(Physician or midwife)

Address Sugar, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 6 1913 Ray D. Tuckett Registrar

Amo.

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

814-203-022-695

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 12170

Registered No. 113

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Feb. 3 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: John Hamilton	FULL MAIDEN NAME: Millie Worrell
RESIDENCE: Sugar	RESIDENCE: Sugar
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or still born), at 11 30 A. M. on the date above stated.

(Signature) J. W. Sharp

(Physician or midwife)

Address Sugar,

Filed Feb. 10 1913 Roy A. Walker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 8 1971

25-209-022-414

PLACE OF BIRTH

Amended 7-24-79

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9

File No. 12171

Primary Registration District No. 2039

Registered No. 114

FULL NAME OF CHILD VIVIAN BEAN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	2	Yes	Feb. 4 1913

FATHER		MOTHER	
FULL NAME	George Wellman Bean	FULL MAIDEN NAME	Mary Josephine Madsen
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 15 a. M. on the date above stated.

(Signature) J. R. Shupe

(Physician or midwife)

Address Sugar

Filed Mch. 10 1913 Reg. H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 1 8 1974

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
JUN 20 1979
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____ }

Certificate No. 12171
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bean (female) (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb 3, 1913 (Date of Event)

in Sugar, Idaho (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Unnamed	Vivian Bean
Father's name	William Bean	George Willman Bean
Mother's name	May Madson	Mary Josephine Madsen
Date of birth	Feb. 3, 1913	Feb. 4, 1913

Subscribed and sworn to before me this 11th day of June, 1979.

Notary Public Peter C. Holmgren
Residing at Orem Utah
My commission expires 6-28-80

Vivian B. Hunter
Signature of Applicant
1646 N. 1450 West, Provo, Ut. 84601
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ___)
(Is not necessary X)

State of CALIFORNIA } ss.
County of Los ANGELES }

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 1979.

Notary Public Gemma M. Collard
Residing at Long Beach, Ca.
My commission expires 8-22-82

OFFICIAL SEAL
GEMMA M. COLLARD
NOTARY PUBLIC-CALIFORNIA
LOS ANGELES COUNTY
My commission expires AUG 22, 1982

Orvel M Bean
Supporting Signature
2966 Chestnut Ave Long Beach Ca.
Street Address, City, State

CL 5/25/79 M

Certificate of Baptism and Confirmation gives name as Vivian Bean born Feb. 4, 1913 to George W. Bean and Mary Madsen at Sugar, Idaho.
Baptized March 5, 1921, in l.D.S.Church.
Viewed by V.S.

JUL 24 1979

Insurance Policy issued by the Beneficial Life Insurance Company gives name as Vivian Bean born Feb. 4, 1913 in Idaho.. Parents names are george and Mary Bean. Policy issued June 5, 1929. # 93742.
Viewed by V. S.

238 214 2-215

amended 9-28-61

(Be sure the information is complete and accurate)

State File No. 12172

Local Reg. No. 2039

Reg. Dist. No. 9

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Leah b. (Middle): c. (Last): Schwendiman

4. SEX: female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): February 14, 1913

FATHER OF CHILD

7. FULL NAME a. (First): Christian b. (Middle): c. (Last): Schwendiman

8. COLOR OR RACE: white

9. AGE (At time of this birth): 27 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Germany

11a. USUAL OCCUPATION: Clerk

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First): Ada b. (Middle): c. (Last): Shepard

13. COLOR OR RACE: white

14. AGE (At time of this birth): 24 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 1

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 weeks pregnancy)?

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: J. R. Shupe

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Sugar

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: March 10, 1913

20. REGISTRAR'S SIGNATURE: Roy H. Fisher

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

In the district where the birth occurred WITHIN 10 days after the date of birth of the child, to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, as hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physician or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this article, with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be no attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner of the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occurred, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in such case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birth: Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by municipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charged with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certificate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT

(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-3-[illegible]

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12172

Primary Registration District No. 2039 Registered No. 115

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	July 15 1913

FATHER		MOTHER	
FULL NAME	Christie Schwendeman	FULL MAIDEN NAME	Ada Shepard
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 a. m. on the date above stated.

(Signature) J. N. Shupe

(Physician or midwife)

Address Sugar

Filed Mch 10 1913 Roy A. Parker Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

SEP 28 1961

MAY 10 1967

own childs birth certificate gives fathers name as Christian. Dated 9-24-15.
File #33857. L.D.S. church record gives name as Leah Schwendiman and fathers
name as Christian Schwendiman. Dated April 6, 1913. Viewed by V.S.
Marriage certificate gives name as Leah Schwendiman. Dated 8-3-39. Viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No. 12172

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed (Name on Original Certificate) who was born (Was Born or Died) on February 14, 1913 (Date of Event)
in Sugar (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Leah Schwendiman
name of father	Christie Schwendiman	Christian Schwendiman

Subscribed and sworn to before me this 25th day of September, 19 61

Notary Public, residing at Rexburg, Idaho
My commission expires November 19, 1963
(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Sugar City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

619-203-22-949

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12173

Registration District No. 9 File No. 95

Primary Registration District No. 2039 Registered No. 95

FULL NAME OF CHILD. Ethel May Wharton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female	V	V	yes	Feb 3

FATHER	MOTHER
FULL NAME James M Wharton	FULL MAIDEN NAME Elizabeth Zurfluh
RESIDENCE Lyman	RESIDENCE Lyman
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 42 (Years)	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Blacksmith	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl J. Peterson

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

Filed Mch 10 1913 Roy D. Straker Registrar

..... Registrar

And.

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-210-022-493

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12174

County of Fremont

City of Independence Registration District No. 9 File No. 46

No. ..... St. Primary Registration District No. 2039 Registered No. 96

Hospital .....

FULL NAME OF CHILD Dorothy Julia Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Jan 10 1913

FATHER		MOTHER	
FULL NAME	Edwin V Johnson	FULL MAIDEN NAME	Anna L. Mickelson
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas J Peterson

(Physician or midwife)

Address Rexburg Ida

Filed Mch 10 1913 Roy H Swaner Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 2 1954

666-208-022-168

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 12175

County of Fremont

City of Rexburg

No. ____ St.

Registration District No. 9

Primary Registration District No. 2039

Registered No. 97

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	March 8 1913

FATHER	MOTHER
FULL NAME: Homer Woodland	FULL MAIDEN NAME: Mary Johnson
RESIDENCE: Rexburg	RESIDENCE: Rexburg
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 34 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: Ida
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Espe

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

.....19.....

.....
Registrar

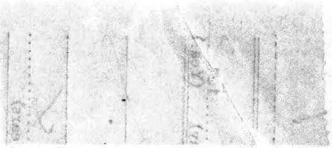
Filed March 10 1913 Roy H. Swain
Registrar
AMB

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



815-227-022-269

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12176

County of Fremont

City of Clawson

Registration District No. 9 File No.

No. \ St.

Primary Registration District No. 2 03.7 Registered No. 15

Hospital

FULL NAME OF CHILD Metta J. Hansen.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	\	1	Yes.	1-27-1913

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME Meta Sorensen.
RESIDENCE	Clawson.	Clawson.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	36.	35
BIRTHPLACE	Utah	Denmark.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 2:30a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. E. Clark

(Physician or midwife)

Address Clawson Utah

Given names added from a supplemental report

....., 19.....

Registrar

Filed March 19 03 Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 FATHER

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-22-022-819

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Registration District No. 9

Primary Registration District No. 2039

File No. 12178

Registered No. 100

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 27 1913

FATHER		MOTHER	
FULL NAME	William Wiscomill	FULL MAIDEN NAME	Lucy Hardy
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Address Sugar

Given names added from a supplemental report

..... 19.....

Filed Mch 10 1913 Roy H. Franklin Registrar

..... Registrar

S-Y CO. 20175

359-203-022-655

MOTHER'S MAIDEN NAME AMEN[illegible]
5-9-2011 CMW

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Canyon Creek

No. _____ St.

Hospital _____

Registration District No. 9

Primary Registration District No. 2039

File No. 12179

Registered No. 101

FULL NAME OF CHILD Etta Annie Terry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female	—	—	yes	Jan 3 1911 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Albert Terry	FULL MAIDEN NAME	JANE WEEKES
RESIDENCE	Canyon Creek	RESIDENCE	Canyon Creek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Delupe

(Physician or midwife)

Address Dupont,

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Mar 20 1913 Coppie Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—Rev-5-15-12

TATE OF IDAHO
OF VITAL STATISTICS

RTIFICATE OF BIRTH

PLACE OF BIR

County of

Statement from L.D.S. Church, Blessed Feb. 2, 1913 gives name as Etta Annie Terry. - Viewed by V.S. and Own Child's Birth Certificate, Idaho Birth, #266949 gives name as Etta Annie Terry - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12179

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Terry (Name on Original Certificate) who born (Was Born or Died) on January 3, 1913 (Date of Event) in Canyon Creek, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Etta Annie Terry

Subscribed and sworn to before me this 6th day of January, 1959.

J. Marcan Liljenquist
Notary Public, residing at Idaho Falls, Idaho
My commission expires June 1, 1959
(Seal)

Signed Albert Terry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Thornton Idaho R. I.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of January, 1959.

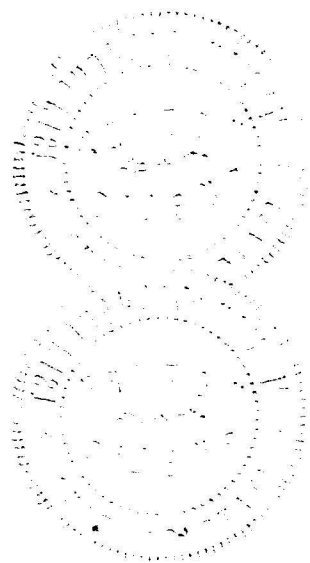
J. Marcan Liljenquist
Notary Public, residing at Idaho Falls
My commission expires June 1, 1959
(Seal)

Signed LaVon Keskua Spaulding
(Signature of Any Credible Person)
369 - 12th St.
(Street Address, City, State)
Idaho Falls - Idaho.

FORM DPH 55.155

NNCL 10-23-58. nm

JAN 1 2 1959



RECEIVED
APR 06 2011

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Utah
County of Utah } SS

Certificate No. 1913-012179
Date Filed 03/10/1913

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth, Death, Marriage, etc.)
for Etta Annie Terry (Name on Original Certificate) who was born (Was Born, Died, etc.) on 01/03/1913 (Date of Event)
in Canyon Creek (Fremont Co), Id. (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
mother's maiden name	Jennie Weeks	Jane Weekes

Subscribed and sworn to before me this 4th day of April 2011.
Notary Public, Tina Ackroyd
Residing at 1900 N. Canyon Rd Provo, UT 84601
My commission expires 04-16-2014
(Seal)

TINA ANN ACKROYD
Notary Public
State of Utah
Comm. No. 582249
My Comm. Expires Apr 16, 2014

x Etta Annie Terry
Signature of Applicant
2789 Apache Lane, Provo, UT 84604
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } SS

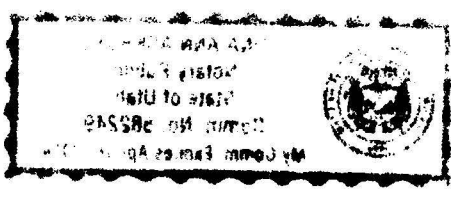
(Must be completed ☐)
(Is not necessary ☒)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of
Notary Public,
Residing at
My commission expires
(Seal)

Signature of Applicant
Street Address, City, State and Zip

March 31, 2011 TWELFTH CENSUS OF THE UNITED STATES SCHEDULE NO 1 POPULATION LYMAN PRECINCT JANE WEEKES VIEWED BY VS
IDAHO DEATH CERTIFICATE #1926-052534 JANE (WEEKES) TERRY DIED 1-29-1926 VIEWED BY VS



413-253-022-619

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ____ St.

Hospital ____

Registration District No. 9

Primary Registration District No. 2039

File No. 12180

Registered No. 102

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	Feb 3 1913

FATHER		MOTHER	
FULL NAME	Roe Dalling	FULL MAIDEN NAME	Annie Wardell
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Skupa

(Physician or midwife)

Address Sugar,

Given names added from a supplemental report

....., 19.....

Filed Mch 6, 19 13 Roy J. Fisher Registrar

....., Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1968

553-12 7102-559

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12181

Registration District No. 9

Primary Registration District No. 2039

File No. 89

Registered No. 89

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male	(To be answered only in event of plural births)			Yes	Feb. 27

FATHER		MOTHER	
FULL NAME	Orson Nelson	FULL MAIDEN NAME	Effie Nelson
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mare Insurance	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Estes

(Physician or midwife)

Address Rexburg, Ida

Filed Mch 10 19 13 Roy H. Fraser Registrar

Given names added from a supplemental report

_____ 19____

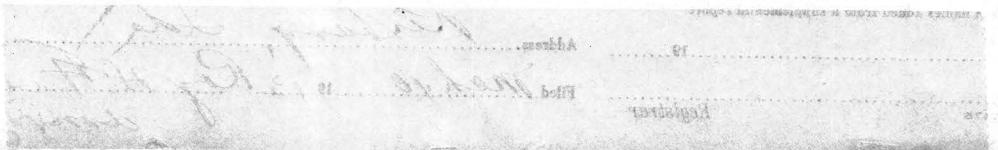
_____ Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



714-221-022-114

Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont X

City of Rexburg

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12182

Registration District No. 9

Primary Registration District No. 2039

File No. 40

Registered No. 40

FULL NAME OF CHILD Lionel Paul

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	Feb. 21 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Leo Paul	FULL MAIDEN NAME	Isabella James
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida.	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Cramon

(Physician or midwife)

Address Rexburg, Ida.

Given names added from a supplemental report

..... 19.....

Filed Mch. 16 1913 Ray H. Barker Registrar

..... Registrar

amp

8-Y CO. 20175

FEB 16 1955

635212-022-168

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH **12183**

County of Fremont

City of Salem

No. ..... St.

Hospital .....

Registration District No. 9 File No. 41

Primary Registration District No. 2039 Registered No. 41

FULL NAME OF CHILD Mary Fletcher

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Jan 12 1913

FATHER		MOTHER	
FULL NAME	Willard Fletcher	FULL MAIDEN NAME	Rose Johnson
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Shupe

(Physician or midwife)

Address Sugar City

Filed Feb 10 1913 Roy St Fuller Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 23 1950

993-13-22-962

PLACE OF BIRTH

County of Tremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-15-12

12184

Registration District No. 9 . File No. 95

Primary Registration District No. 2039 Registered No. 92

FULL NAME OF CHILD GENE ELWOOD RICKS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	January 13th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Luster Ricks	FULL MAIDEN NAME	Emma Ross
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Grain Commission	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. P. Shupe

(Physician or midwife)

Address Sugar

Given names added from a supplemental report

..... 19.....

..... Registrar

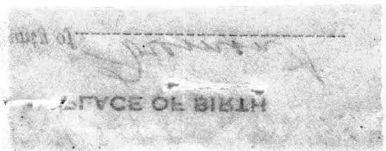
Filed Mch 10 1913 Ray A. Tuckfield Registrar

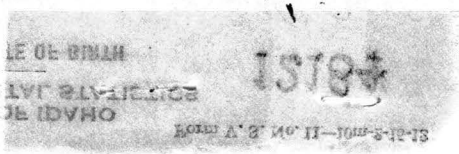
8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bannock } ss.

Certificate No. 12184

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for Logan City (Name on Original Certificate) who was born (Was Born or Died) on Jan 13, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by my personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Gene Elwood Ricks
What is your correct birthdate?		Jan. 13 - 1913

Subscribed and sworn to before me this 26th day of August, 1942

Notary Public, residing at Pocatello, Idaho

My commission expires October 4, 1943
(Seal)

Signed David L. Ricks (Father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

AUG 28 1942

AUG 3 1 1942

JUL 2 3 1974

266-209, 022-519

Form V. S. No. 11—10m-2-15-13

PLACE OF BIRTH

County of Fremont

City of Lyman

No. ..... St.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12185

Registration District No. 9 File No. 43

Primary Registration District No. 2039 Registered No. 93

Hospital .....

FULL NAME OF CHILD Linda Madge Bower

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	July 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Cecil L. Bower	Ethel R. Earl
RESIDENCE	Lyman	Lyman
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl J. Peterson

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Dec. 11 1913 Ray A. Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 1 1965

751-707022-993

PLACE OF BIRTH

STATE OF [illegible]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 51—10m-8-16-13

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 12186

Registered No. 96

FULL NAME OF CHILD HOWARD C. PEARSON

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓ (To be answered only in event of plural births)		✓	Yes	March 7, 1913

FATHER		MOTHER	
FULL NAME	John A Pearson	FULL MAIDEN NAME	Maggie Rake
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a M. on the date above stated.

(Signature) G. G. Eaton

(Physician or Midwife)

Address Rexburg

Filed March 9 1913 Ray St. Fisher Registrar

A.M.D.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

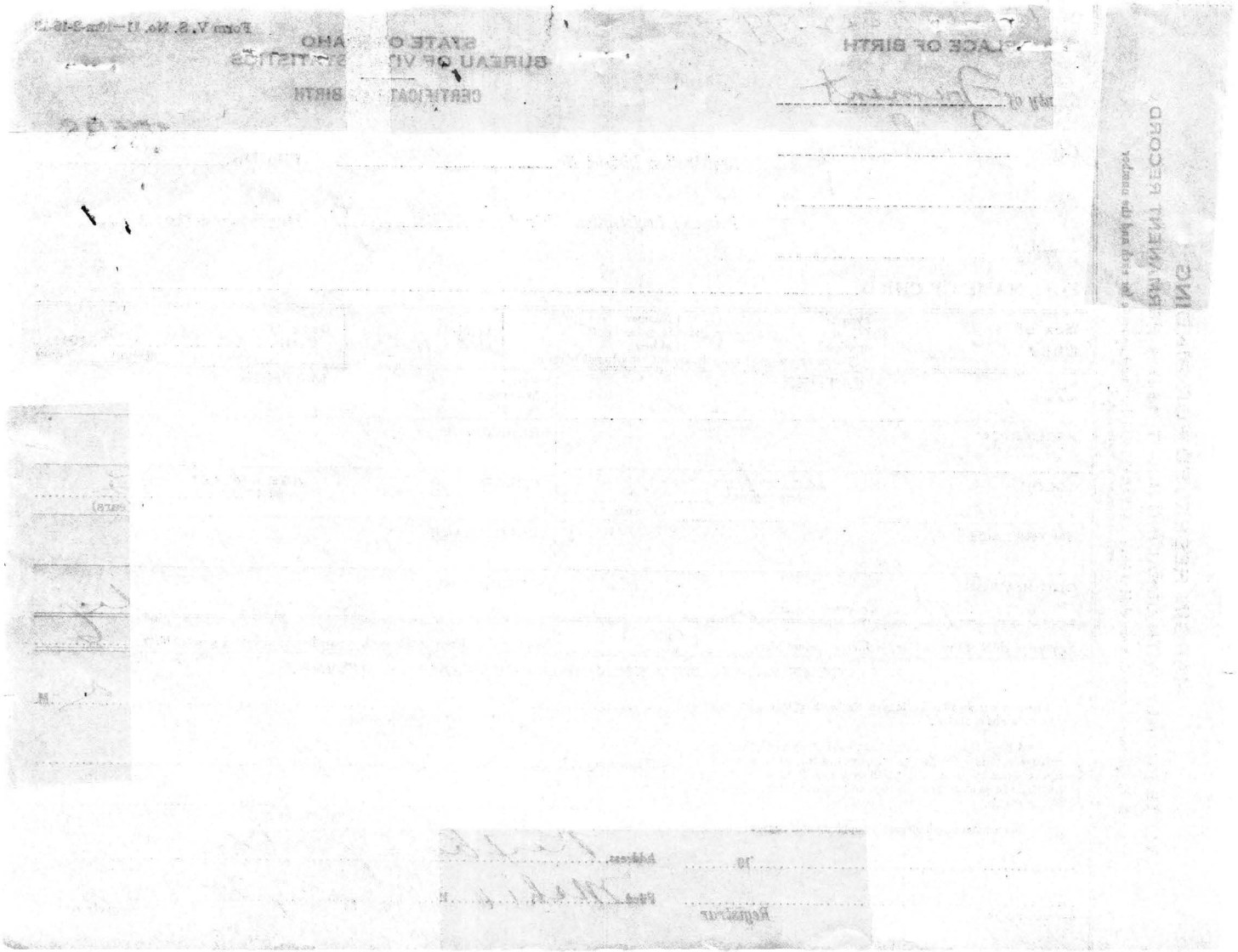
..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Madison }

Certificate No. 12186

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Howard Charles Pearson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Mar. 7, 1913 (DATE OF EVENT)
in Rexburg, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on or about birth date (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Howard C. Pearson

Subscribed and sworn to before me this 16th
day of December, 19 42

Notary Public, residing at Rexburg, Idaho
My commission expires Mar. 27, 1943
(SEAL)

Signed: Margaret Pearson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rexburg, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of December, 19 42

Notary Public, residing at Rexburg, Idaho
My commission expires Mar. 27, 1943
(SEAL)

Signed: John Ayle Pearson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R F D No. 1 Rexburg, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By Howard C. Pearson
(REGISTRAR'S SIGNATURE)

DEC 21 1942

133-013-022-793

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Cache

Registration District No. 9

File No. 12187

No. ____ St.

Primary Registration District No. 2237

Registered No. 74

Hospital ____

FULL NAME OF CHILD not named. Willa Allen

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes.	2-13-1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Allen.	LaVerna Pitcher
RESIDENCE	Cache. Ida.	Cache
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	26	22
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer	Housewife.

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Pousler

(Physician or midwife)

Address Driggs Ida.

Given names added from a supplemental report

....19....

....Registrar

Filed Mch 10 19 13 ____ Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 23, 1940. E.W.

397-10-0022-574

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 4/19/77

12188

Registration District No. 9

File No. .....

Primary Registration District No. 2037

Registered No. 88

FULL NAME OF CHILD Vaughn E. Tippets

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Tippets	Sarah Edmunds
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Utah	Utah
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or midwife)

Address Driggs, Ida.

Given names added from a supplemental report

..... 19.....

Filed Mch. 10 1913 Reg. H. Franson Registrar

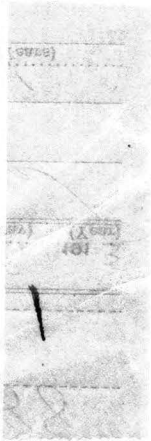
..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED
MAR 14 1977
Bureau of Vital Statistics

Certificate No. 12188

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Tippits (Male) (Name on Original Certificate) who was born (Was Born or Died) on Feb 9, 1913 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Tippits	Vaughn E. Tippetts
father's last name	Tippits	Tippetts

Subscribed and sworn to before me this 17th day of November, 1976.

Notary Public residing at Idaho Falls, Idaho
My commission expires 1-27-79
(Seal)

Signed Thuro E Tippets
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

315-7th ST Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of November, 1976.

Notary Public, residing at Pocatello, Idaho
My commission expires 8-24-79
(Seal)

Signed Eleanor T Hawkes
(Signature of Any Credible Person)

23 Riverside Dr. Pocatello, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 6/28/76 nm

Letter from LDS Church, The Logan Temple, Logan, Utah gives name as Vaughn Eames Tippets born ~~B~~ Feb 9, 1913 at Driggs, Idaho. father's name as ~~Arh~~ Arthur Tippets and mother's name as Sarah G. Eames. Baptized May 10, 1921. from Book of Baptisms, BookA-2, page ~~12~~ 171, No. 4342. viewed by V. S.

APR 19 1977

church records from Logan 15th Ward, Cache Stake, Logan, Utah gives name as Vaughan Eames Tippets. born Feb 9, 1913 at Driggs, Idaho. married Luella B. Guymon on Sept 11, 1942. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2037

File No. 12189

Registered No. 85

Name added 7/17/80

FULL NAME OF CHILD SARAH DORA PERRY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	1	Yes	Feb. 23 1913

FATHER		MOTHER	
FULL NAME	Leon Perry	FULL MAIDEN NAME	Dora Dustin
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or midwife)

Address Driggs, Ida

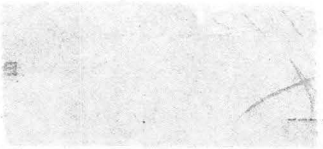
Given names added from a supplemental report

..... 19.....

Filed Mch 10 1913 Ray S. Fisher Registrar

..... Registrar

8-Y CO. 20178



6-11-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 3 2 35 PM '80

State of Idaho
County of Bonneville } ss.

Certificate No. 12189
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Perry (Name on Original Certificate) who was born (Was Born, Died, etc.) on Feb. 23, 1913 (Date of Event)

in Driggs (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Sarah Dora Perry

Subscribed and sworn to before me this 26th day of June, 1980.

Notary Public, Margie Jensen
Residing at Idaho Falls, Idaho
My commission expires 1-20-82
(Seal)

Leola (Higley) Fuller
Signature of Applicant

680 Crimson Dr. I.F. Ida. 83401
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Certif of Baptism from the LDS Church gives nameas Sarah Dora Perry daughter of Leon L. Perry andDora Dustin born Feb 23, 1913 at Driggs, Idaho. Baptized June 24, 1922. viewed by V. S.

JUL 17 1980

Daughter's birthcertif from Utah #8244 gives child's name as Leola Higley born Nov 22, 1947. father's nameas Alvin Olson Highley and mother's name as Sarah Dora Perry. viewed by V. S.

113-12-0022-753

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs — Registration District No. 9 — File No. 12190

No. ____ St. — Primary Registration District No. 2037 — Registered No. 86

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wallace Jacobs	May Peterson
RESIDENCE	Driggs	Driggs
COLOR	White	W
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Kirtl

(Physician or midwife)

Address Driggs

Given names added from a supplemental report

....., 19....

Filed Mch 16 1913 Roy St Fraser Registrar

....., Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113-16-2-034-863

[redacted]

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 04-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Minidoka

City of Rupert

*No*_____, _____ *St.*

Hospital _____

Registration District No 29 **File No.** 12191

Primary Registration District No 2105 **Registered No.** 22

FULL NAME OF CHILD RALPH WENDELL JACKSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Male			Yes	9	3	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A G Jackson	Edith Holder
RESIDENCE	Rupert	Rupert
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	30
BIRTHPLACE	Ind.	Ind.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Kennedy

Physician (Physician or Midwife)

Address Rupert Ida

Given names added from a supplemental report

_____, 19____

_____ Registrar

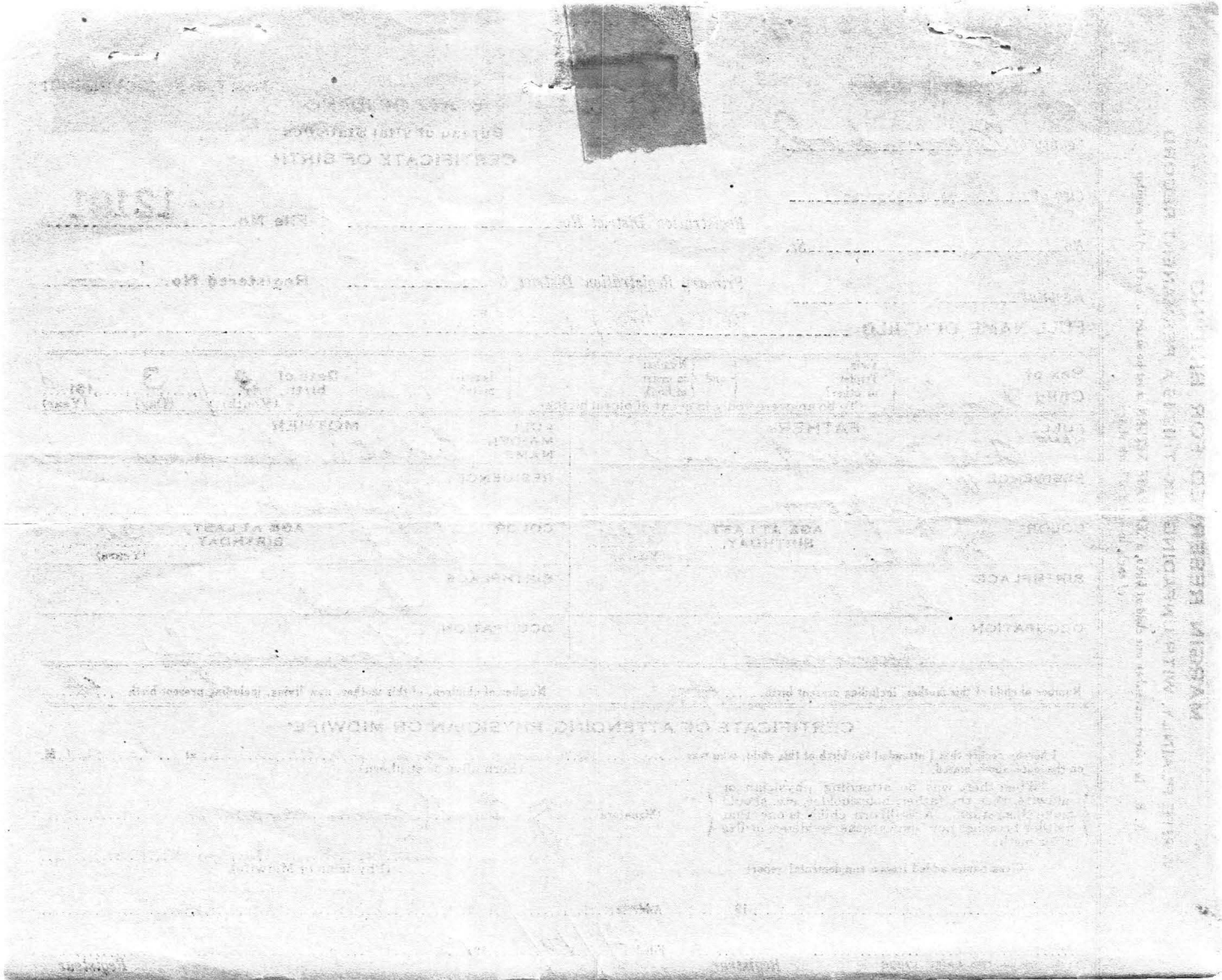
Filed 4/10/1913 Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—~~BUREAU~~ OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Minidoka } ss.

Certificate No. 12191

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Ralph Wendell Jackson (Name on Original Certificate) who born (Was Born or Died) on March 3, 1913 (Date of Event)
in Rupert, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance Policy (Bible Record, Insurance Policy, Etc.) prepared on July 1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ralph Wendell Jackson

Subscribed and sworn to before me this 31
day of July, 1942

Notary Public, residing at Rupert Idaho

My commission expires Dec 14 1942
(Seal)

Signed F H Berry MD
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rupert Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Minidoka } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31
day of July, 1942

Notary Public, residing at Rupert Idaho

My commission expires Dec 14 1942
(Seal)

Signed W Jackson
(Signature of Any Credible Person Other Than Previous Year)

Rupert Idaho
(Street Address, City, State)

SEP 1 1942

SEP 3 1948

434-204-034-242

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 1-1-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of .....

City of Heyburn

No. ....., ... St.

Hospital .....

Registration District No. 29 File No. 12192

Primary Registration District No. 2102 Registered No. 23

FULL NAME OF CHILD Francis Luella McDermott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes.	3 4 1913

FATHER		MOTHER	
FULL NAME	W. T. McDermott	FULL MAIDEN NAME	Fannie Sisler
RESIDENCE	Heyburn.	RESIDENCE	Heyburn.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at 11 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen M.D.

(Physician or Midwife)

Address Heyburn.

Given names added from a supplemental report

....., 19.....

Filed April 10 1913 V. R. Killen

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-1-41

362-210-0134-559

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Davis

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 12193

Primary Registration District No. 2102 Registered No. 24

FULL NAME OF CHILD Leah Jane Cobabe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	3 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Vernon L. Cobabe	Jane Jacobson
RESIDENCE	Hyrum	Hyrum
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 1 (Born alive or stillborn) at 8:12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/10/ 1913

[illegible] Registrar

R-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-114-034-893

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 29 File No. 12194

Primary Registration District No. 2102 Registered No. 25

FULL NAME OF CHILD Walter H. Parkins.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	3 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter Parkins	Alice Hillony
RESIDENCE	Heyburn Ida	Heyburn Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	30
BIRTHPLACE	England	Canada
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killen

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

Address _____

_____ Registrar

Filed April 10 1913 V. R. Killen Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-11-0034-796

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12195

County of Minidoka

City of Rupert

Registration District No 29 File No.

No ....., ... St.

Primary Registration District No 2615 Registered No. 24

Hospital .....

FULL NAME OF CHILD Patrick Henry Rice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 17 1913

FATHER		MOTHER	
FULL NAME	George Rice	FULL MAIDEN NAME	Lillie Groves
RESIDENCE	Rupert	RESIDENCE	Rupert
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Kenagy

Physician (Physician or Midwife)

Address Rupert

Given names added from a supplemental report

....., 19.....

Filed 4/10/ 1913 C. P. Miller

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

NOV 5 1953

COLOR	AGE AT LAST BIRTHDAY.....
RESIDENCE	
	FULL MAIDEN NAME
COLOR	AGE AT LAST BIRTHDAY.....

249-25-034-445

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Minidoka

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2102

Primary Registration District No. 29

File No. 12196

Registered No. _____

FULL NAME OF CHILD Ruth Alberta Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes.	3 25 1913

FATHER		MOTHER	
FULL NAME	Weaver Smith	FULL MAIDEN NAME	May Munster
RESIDENCE	Heyburn	RESIDENCE	Heyburn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) V. R. Killeen M.D.

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed 4/10/ 1913

V. R. Killeen Registrar

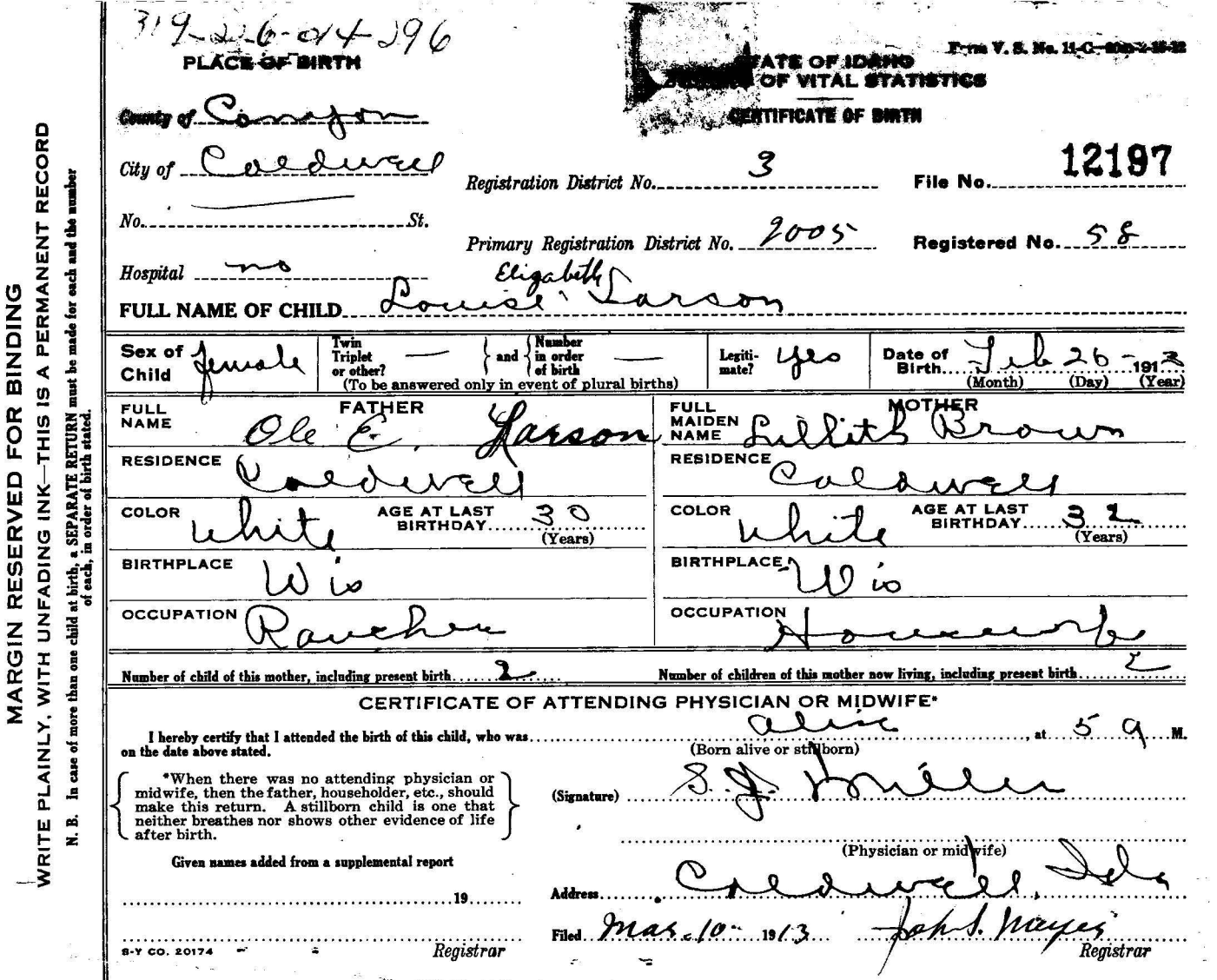
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 26 1958



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-26-04196

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 2-15-22

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Registration District No. 3

File No. 12197

Primary Registration District No. 2005

Registered No. 58

Hospital no

FULL NAME OF CHILD Elizabeth Louise Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	Feb 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ole E. Larson	Lillith Brown
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	32
BIRTHPLACE	Wis	Wis
OCCUPATION	Rancher	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Bowen

(Physician or midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

..... 19.....

Filed Mar. 10 1913 John S. Mayes

Registrar

..... Registrar

8-Y CO. 20174

MAY 20 1942

OCT 20 1942

493-203-04-736

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital no

Form V. S. No. 11-C—20m-2-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12198

Primary Registration District No. 1005 Registered No. 59

FULL NAME OF CHILD Roberta Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	May 3 — 1913

FATHER		MOTHER	
FULL NAME	R. H. Miller	FULL MAIDEN NAME	Bertha Crowhead
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Neb	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	Home Mule

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) S. J. Miller (M.D.)

(Physician or midwife)

Address Caldwell Ida

Filed May 13 1913 John. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 17 1957

625-206-014-545

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell — Registration District No. 3 — File No. 12199

No. 515 Grant St. St. — Primary Registration District No. 1005 — Registered No. 60

Hospital ////////////

FULL NAME OF CHILD Mary Oberst

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2d.	Yes	3-6-13. 191...

FATHER	MOTHER
FULL NAME: Edward C.Oberst	FULL MAIDEN NAME: Dillie Emerson,
RESIDENCE: Caldwell Ida.	RESIDENCE: Caldwell Ida.
COLOR: White — AGE AT LAST BIRTHDAY: 36. (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19. (Years)
BIRTHPLACE: Jasper, Indiana.	BIRTHPLACE: Missouri.
OCCUPATION: Farmer.	OCCUPATION: House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm. J. Johnson

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar. 7th 1913 John D. Mayes Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 14 1976

JUN 15 1943

DECEASED

Form V. S. No. 11-C—20m-2-15-1.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

343-1 006-014-231

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12200

Primary Registration District No. 2005 Registered No. 61

FULL NAME OF CHILD Dudley Grant Tucker

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	March 6 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. G. Tucker	FULL MAIDEN NAME	Jessie E. Stoffel
RESIDENCE	Parma Idaho	RESIDENCE	Parma Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	(Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at ..... M. on the date above stated.

(Signature) W. M. Cole

(Physician or midwife)

Address Caldwell Idaho

Filed May 8 1913 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

SEP 12 1974

231-07-04-355

PLACE OF BIRTH

Form V. S. No. 11-C—2...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 12201

No. ——— St.

Primary Registration District No. 1005 Registered No. 62.

Hospital no

FULL NAME OF CHILD Joseph Staples

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	———	———	Yes	Mar. 9 — 1913

FATHER		MOTHER	
FULL NAME	J. O. Staples	FULL MAIDEN NAME	Bertha Lee
RESIDENCE	Ontario	RESIDENCE	Ontario
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 9 M. on the date above stated.

(Signature) D. J. Miller M.D.

(Physician or midwife)

Address Caldwell, Ida.

Filed Mar. 13 — 1913 John S. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 30 1957

665-110-014-814

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 C. (Rev. 7-13)

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 12202

No. ——— St.

Primary Registration District No. 2005 Registered No. 63

Hospital No

FULL NAME OF CHILD Ivan Clarence Owen

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	—	Yes	March 10 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	L. D. Owens	FULL MAIDEN NAME May Howell
RESIDENCE	Caldwell	RESIDENCE Caldwell
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY (Years)	40	35
BIRTHPLACE	Neb	Kansas
OCCUPATION	Rancher	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Miller (M D)

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 13 1913

John S. Meyer
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 12202
Date Filed 3-13-13

NOV 1 1947
RECEIVED

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Owens (Name on original certificate) who born (Was born or died) on Mar. 10, 1913 (Date of event)
in (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by mother (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Owens	Infant Clarence Owens

Subscribed and sworn to before me this 1st day of November, 1947

Myrna L. Breese
Notary Public, residing at Boise

My commission expires April 1, 1948
[SEAL]

Signed Mrs. May Owen.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rt 5, Boise Ida
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

MAY 4 1959

299-111-014.314

PLACE OF BIRTH

[redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell Registration District No. 3 File No. 12203

No. ——— St.

Primary Registration District No. 2005 Registered No. 64

Hospital ———

FULL NAME OF CHILD Arthur Glenn Birch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	Mar 11 — 19 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	G Birch	Edith Laurance
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Kansas	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M.D.)

(Physician or midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

..... 19.....

Filed Mar 13 1913

John S. Bruyer
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 7 1967

10-8-11-24-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. H.C—Rev. 6-15-12

PLACE OF BIRTH

County of Canyon.

City of Caldwell.

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12204

Primary Registration District No. 2005 Registered No. 65

FULL NAME OF CHILD Robert Wilson Ash

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth. (Month) (Day) (Year)
Male.			Yes.	Mar. 17 1913

FATHER		MOTHER	
FULL NAME	Geo. S. Ash.	FULL MAIDEN NAME	Susan Monroe.
RESIDENCE	Caldwell.	RESIDENCE	Caldwell.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	53.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30.
BIRTHPLACE	Indiana.	BIRTHPLACE	Idaho.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6.

Number of children of this mother now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 5:30 a.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signatur) C. M. Mayer M. D. Physician
(Physician or midwife)

Address Caldwell — Idaho.

Given names added from a supplemental report

....., 19.....

Filed Mar. 24th 1913 Jas. S. Meyer.
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATE OF WASHINGTON)
: SS
COUNTY OF SPOKANE)

FEB 27 [illegible]

George S. Ash, being first duly sworn, on oath deposes and says: that affiant is the father of Robert Wilson Ash, and Susan ~~Ash is his mother; that affiant was personally~~ present at ~~the birth~~ of his said son Robert Wilson Ash and rendered whatever assistance he could at the birth of his said son; that said Robert Wilson Ash was born at Caldwell, Idaho, on the 17th day of March, 1913, and affiant makes this affidavit for the purpose of establishing the date of the birth of his said son, inasmuch as the records of such births at the time were not very well kept and to the knowledge of affiant there is no official record of the birth of his said son and affiant desires that said son should have as authentic proof of his birth as is [redacted] secure, and as this affidavit does establish.

George S Ash

Subscribed and sworn to before me this 20th day of January, 1937.

Notary Public in and for the State of Washington, residing at Deer Park.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

219-220-0-K718

PLACE OF BIRTH

County of Canyon

City of Notus

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12205

Primary Registration District No. 2005 Registered No. 66

FULL NAME OF CHILD Mary Jane Bartlee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	other	1st	yes	May 20th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Willard Bartlee	FULL MAIDEN NAME	Elizabeth Gertrude Gahley
RESIDENCE	Notus Ida.	RESIDENCE	Notus Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33.	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Indeana.	BIRTHPLACE	Nebr.
OCCUPATION	Farmer.	OCCUPATION	House-keeper.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Keppy

Physician

(Physician or midwife)

Address Notus Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May. 24th 1913 Jabt. Meyer Registrar

S-Y CO. 20174

Form V.S. No. U-C-20m-2-19-

IDAHO
STATISTICS

OF BIRTH

CERTIFICATE OF ATTENDANCE

I hereby certify that I attended the birth of [illegible] who was [illegible] (Born alive or stillborn)

at the above stated.

(Signature) [illegible]

314-22101-K259

PLACE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City Town Of Greenleaf. Registration District No. 3 File No. 12206

No. ////////// St. Primary Registration District No. 2005 Registered No. 67

Hospital ////////

FULL NAME OF CHILD ?------ Carlick. Edna Laurene

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	Single. (To be answered only in event of plural births)	8th.	Yes	3-21-13. 191

FATHER	MOTHER
FULL NAME: Carlick, Elihue	FULL MAIDEN NAME: Keirnan, May.
RESIDENCE: Greenleaf	RESIDENCE: Greenleaf.
COLOR: White AGE AT LAST BIRTHDAY: 46 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 33 (Years)
BIRTHPLACE: Rockford, Mich	BIRTHPLACE: Illinois
OCCUPATION: Farmer.	OCCUPATION: Ho se-wife

Number of child of this mother, including present birth: 8th. Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Johnson (Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 22 1913 John C. Meyer Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 16 1961

S19-22, 014-S14

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C-15m-6

Registration District No. 3

File No. 12207

Primary Registration District No. 2005

Registered No. 68

FULL NAME OF CHILD Bela Clare Eames

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	S.	7	yes	Mch 22 1913

	FATHER	MOTHER
FULL NAME	John M. Eames	FULL MAIDEN NAME Lucy Eames
RESIDENCE	Four m. from Caldwell	RESIDENCE 4 m. from Caldwell
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	44 (Years)	37 (Years)
BIRTHPLACE	Ill	Neb
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Gee M. D.

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 3 1913 John S. Meyer Registrar

S-Y CO., 16670

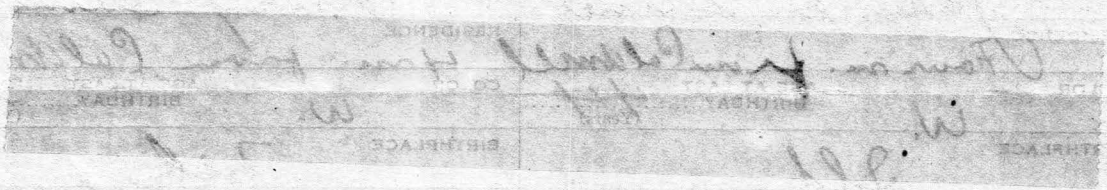
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 17 1962

NOV 21 1974



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12208

Primary Registration District No. 2005 Registered No. 69

FULL NAME OF CHILD William Ralph Murphy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Mar. 27, 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orvan James Murphy.	Estella Caroline Jarvis.
RESIDENCE	Caldwell.	Caldwell.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	28.	30.
BIRTHPLACE	West Virginia.	Wyoming.
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:00 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Kaley

Physician (Physician or midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mar. 28 1913 John S. Meyer Registrar

S-Y CO. 20174

PLACE OF BIRTH

County of

STATE OF IDAHO

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 1 2 4 5
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for William Ralph Murphy (Name on original certificate) who born (Was born or died) on March 27, 1913 (Date of event)
in Middleton, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true
facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.	FROM (As on original)	TO (The correct facts)
(Willian Ralph Murphy)		William Ralph Murphy
		Born March 27, 1913 at Middleton, Idaho, Canyon Co.

Subscribed and sworn to before me this 11
day of Aug., 19 41
Chas. L. Shaffer
Notary Public, residing at Caldwell, Idaho
My commission expires 12-1-44
[SEAL]

Signed Estella C. Murphy
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)
Middleton, Idaho
(Street Address, City, State)

Supporting Affidavit of a Second Person

State of Idaho } ss.
County of Canyon }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11
day of Aug., 1941
Chas. L. Shaffer
Notary Public, residing at Caldwell, Idaho
My commission expires 12-1-44
[SEAL]

Signed Mary H. Patterson
(Signature of any credible person other than the previous affiant)
820 Chicago, Caldwell, Idaho
(Street Address, City, State)

Received for filing on ..... by .....
(Registrar's signature)

255-203-014-525

PLACE OF BIRTH

County of Canyon

City of Caldwell

6915 Cleveland Blvd

Hospital ////////////

STATE OF IDAHO

Form V. S. No. 11-Rev. 4-30-41

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3

File No. 12209

Primary Registration District No. 1005

Registered No. 470

FULL NAME OF CHILD Virginia Marie Kennard.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female	Single	2d	Yes	4-3-13 (Month) (Day) 191 (Year)

FATHER	MOTHER
FULL NAME: Alfred G.Kennard	FULL MAIDEN NAME: Hanna Eberline
RESIDENCE: Caldwell Ida.,	RESIDENCE: Caldwell Ida.,
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Grundy Center Iowa.	BIRTHPLACE: Kingston Wis.,
OCCUPATION: Printer	OCCUPATION: House wife

Number of child of this mother, including present birth 2d.

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

A.M.

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6.30 on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm K. Johnson

(Physician or [redacted])

Address Caldwell, Idaho

Given names added from a supplemental report

....., 19.....

Filed April 3rd 1913 John L. Meyer

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 20 1976

Amended 4-27-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12210
Local Reg. No. 71
Reg. Dist. No. 3

1. PLACE OF BIRTH

a. COUNTY: Canyon

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parma

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Canyon

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Parma

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Evelyn b. (Middle): J. c. (Last): Hammon

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 2, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Curtis b. (Middle): C. c. (Last): Hammon

8. AGE (At time of this birth): 32 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Iowa

10. USUAL OCCUPATION: Farmer-Drayman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Clara b. (Middle): c. (Last): Maine

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Iowa

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Chas. B. Allen, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Parma, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3/10/1913

22. REGISTRAR'S SIGNATURE: R. J. Cluen

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amended An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
JAN 24 1966
Bureau of Vital Statistics

Certificate No. 12210

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Evaline Hammon (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1913 (Date of Event)
in Parma, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Evaline Hammon	Evelyn Josephine Hammon

Subscribed and sworn to before me this 21 day of Jan, 19 66

Notary Public, residing at Indianola Iowa
My commission expires July 4, 1966
(Seal)

Signed Sue Hammon Hickman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

107 No 3rd Indianola, Iowa.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Iowa }
County of Warren } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of Jan, 19 66

Notary Public, residing at Indianola, Iowa
My commission expires July 4, 1966
(Seal)

Signed Esther Hansell
(Signature of Any Credible Person)

R 2 Box 2 Indianola, Iowa
(Street Address, City, State)

FORM DH 60-155

CL 12-10-65. one copy pd. rec. #3370.

Notification of Birth Registration, State of Iowa, gives full name as Gerald Doyle Sones, born Oct. 29, 1937 at Warren County, Iowa to Gerald S. Sones and Evelyn J. Hammon - No. H91-191 - viewed by V.S.

Certificate of Church Membership, Methodist Church, Carlisle, Iowa, received full membershipk April 11, 1954 gives full name as Evelyn J. Hammon Sones (Sones is married name) - viewed by V.S.

Photo Copy of Page from Family Bible, page titled Births, appears old and unaltered gives one child's full name as Evelyn Josephine Hammon, born March 2, 1913 - viewed by V.S.

as requested in letter received by this office March 21, 1966 the child's full name is being corrected to Evelyn J. Hammon instead of Evelyn Josephine Hammon - could not submit required documents with full middle name -

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form T. S. [illegible]

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12210

Primary Registration District No. 2007 Registered No. 71

FULL NAME OF CHILD Evaline Hammon

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem.	—	—	yes	March 2 1913

FATHER

FULL NAME Curtis C. Hammon

RESIDENCE Parma

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer-dairyman

MOTHER

FULL MAIDEN NAME Clara Marie

RESIDENCE Parma

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Iowa

OCCUPATION housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/10 1913 P. J. Queen Registrar

S-Y CO. 20174

APR 27 1966

942-212-014-213

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-D

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ..... St.

Registration District No. 3 File No. 12211

Primary Registration District No. 2007 Registered No. 72

Hospital .....

FULL NAME OF CHILD Caroline Amelia Russell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fem.	—		—	yes	March 12 1913

FATHER	MOTHER
FULL NAME Gregory R. Russell	FULL MAIDEN NAME Margaret Baldridge
RESIDENCE Parma	RESIDENCE Parma
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 40 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Ill.
OCCUPATION Merchant	OCCUPATION housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma Ida.

Given names added from a supplemental report

..... 19.....

Filed 3/28 1913 R. Queen

Registrar

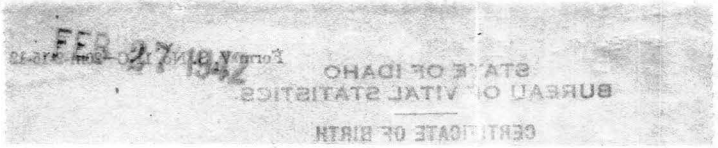
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


FEB 27 1942

231-217.014-515

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 3 File No. 12212

Primary Registration District No. 2007 Registered No. 73

FULL NAME OF CHILD Ada Van Trumpgarden Blake

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	3 17 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herbert J. Blake	Grace Van Trumpgarden
RESIDENCE	Parma	Parma
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	38	28
BIRTHPLACE	Mass.	Iowa
OCCUPATION	Orchardist	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

..... 19....

..... Registrar

(Signature) D.O. Plumm

(Physician or Midwife)

Address Parma Idaho

Filed 8/17 1913 P. Plumm Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

27-12-01 X 351

PLACE OF BIRTH

Form V. S. No. 11-C-20m-5-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Roswell Brett

Registration District No. 3 File No. 12213

No. ____ St.

Primary Registration District No. 2007 Registered No. 74

Hospital ____

FULL NAME OF CHILD Elmer Murl Sparks

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	March 21 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John C. Sparks	FULL MAIDEN NAME	Ellen Cearley
RESIDENCE	Roswell	RESIDENCE	Roswell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	farm-laborer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:30 a.m. on the date above stated.

(Signature) Chas. B. Allen, M.D.

(Physician or midwife)

Address Parma, Idaho.

Filed 3/31 1913 R. J. Lucey Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

33-130-01X-577

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3

File No. 12214

No. ____, ____ St.

Primary Registration District No. 2007

Registered No. 75

Hospital ____

FULL NAME OF CHILD John Warren

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	✓	✓	Yes	3 30 13

FATHER		MOTHER	
FULL NAME	C. E. Blucher	FULL MAIDEN NAME	Mary Egger
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Mich	BIRTHPLACE	Switzerland
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn), at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. R. Lucas

(Physician or Midwife)

Address Parma

Given name added from a supplemental report

..... 19....

Filed 3/30 1913 R. J. Lucas

S-Y CO., 16669

Registrar

Registrar

AUG 19 1970

299-105-004-155

PLACE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 12215

Primary Registration District No. 2006 Registered No. 76

FULL NAME OF CHILD Ellis Edmond Kirkland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	May 5 1913

	FATHER	MOTHER
FULL NAME	Archie H Kirkland	FULL MAIDEN NAME Amy Jenner
RESIDENCE	Nampa Ida	RESIDENCE Nampa Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE Ill
OCCUPATION	Stockraiser	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A B Beller M.D.

Physician

(Physician or midwife)

Address Nampa Ida

Filed Mar 5/ 19 13 A B Beller M.D.

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

348-109-014-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—30m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 1003 File No. 12217

No. ____ St.

Primary Registration District No. 2006 Registered No. 78

Hospital ____

FULL NAME OF CHILD Frank Luque

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	No (To be answered only in event of plural births)	3	Yes	March 9 1913

FATHER		MOTHER	
FULL NAME	Joseph Luque	FULL MAIDEN NAME	Regina Saca
RESIDENCE	Nampa Ida	RESIDENCE	Nampa Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	France	BIRTHPLACE	Spain
OCCUPATION	Stockraiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was None Alive (Born alive or stillborn), at 11 a.m., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. D. Calaway, M.D.

(Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/9/19 13 C. B. Biller M.D.

Registrar

S-Y CO. 20174

JAN 21 1970

DEC 29 1941

653-212-014-847

PLACE OF BIRTH

County of Canyon

City of Nampa

No. R.F.D. No 3 St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1003 File No. 12218

Primary Registration District No. 2016 Registered No. 42

FULL NAME OF CHILD Not named. Ruby M. Feldtman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	x	4	Yes	Mar 12 1913

FATHER	MOTHER
FULL NAME: O. E. Feldtman	FULL MAIDEN NAME: Alta Hughes
RESIDENCE: Nampa R.F.D. No 3	RESIDENCE: Same
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Mo.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. E. Feldtman

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/20/ 19 13 O. B. Beller M.D. Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

k

APR 14 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
APR 24 2 28 PM '75
VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Gem

Certificate No. 12218

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Feldtman (female) (Name on Original Certificate) who was born (Was Born or Died) on March 12, 1913 (Date of Event)

in Nampa, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ruby Madalene Feldtman
		Ruby M. Feldtman

Subscribed and sworn to before me this 18th day of April, 1975

Notary Public, residing at Emmett Ida

My commission expires May 11, 1977

(Seal)

Signed Janice Marie Rose
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of April, 1975

Notary Public, residing at Emmett Ida

My commission expires Oct 5, 1977

(Seal)

Signed Betty Jean Bynum
(Signature of Any Credible Person)

Rt 2 New Plymouth, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 4/14/75

Insurance Policy # 681819 American United Life Insurance Company dated July 19, 1965 . Insured William L. Griffiths , beneficiary wife, Ruby M. Griffiths.

Viewed by VS

Own childs birth certificate Gary Richard Griffiths born August 20, 1942 at Caldwell, Idaho, State file # 356528 gives mothers name as Ruby Madeline Feldtman.
Viewed by VS

APR 24 1975

251-117-014-396

Form V. S. No. 11-C-~~20m-2-15-12~~

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital .....

Registration District No. 1003 File No. 12219

Primary Registration District No. 2006 Registered No. 80

FULL NAME OF CHILD Oscar Knapp

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	8 - 17 - 1912

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A. Knapp	Nellie C. Crosley
RESIDENCE	Nampa Ida	Nampa Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	Utah	England
OCCUPATION	Farm Laborer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Beller M.D.

Physician (Physician or midwife)

Address Nampa Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

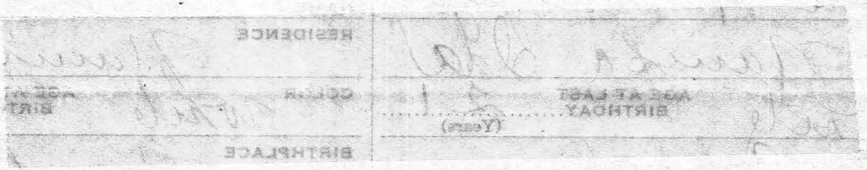
Filed 8-20-1913 O.B. Beller M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



[redacted]-613

[redacted]H

STATE OF IDA[redacted]
BUREAU OF VITAL ST[redacted]

[redacted]

CERTIFICATE OF BIR[redacted]

City of Caldwell — Registration District No. 3 — File No. 12220

No. — St. — Primary Registration District No. 2005 — Registered No. 81

Hospital no

FULL NAME OF CHILD Eldon Adelbert [redacted] Rust

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	March 14 1913

FATHER		MOTHER	
FULL NAME	W. L. Rust	FULL MAIDEN NAME	Della Walker
RESIDENCE	Caldwell	RESIDENCE	Caldwell [redacted]
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8. 0 M. on the date above stated.

(Signature) S. J. Miller (for W)

(Physician or midwife)

Address Caldwell Ida

Filed April 9 1913 — John S. Hayes Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECOR

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

F

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington }
County of King } ss.

Certificate No. 12220

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elmer Root (Name on Original Certificate) who Was Born (Was Born or Died) on March 14, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Elmer Root	Eldon Adelbert Root

Subscribed and sworn to before me this 7th day of May, 1942

Fred W. Headquist

Notary Public, residing at Kent

My commission expires Sept. 15, 1944

(Seal)

Signed M. L. Root

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. 3 #306 Kent Washington

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington }
County of King } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of May, 1942

Fred W. Headquist

Notary Public, residing at Kent, Wash.

My commission expires Sept 15, 1944.

(Seal)

Signed Dorothy Fuhrmann Hagg

(Signature of Any Credible Person Other Than Previous Year)

302 Third St. N.E.
Auburn, Washington

(Street Address, City, State)

MAY 8 1942

MAR 15 1965

MAY 11 1942

743-116-014-653

PLACE OF BIRTH

Form V. S. No. 11-Cr.-Rev. 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 12221

No. ——— St.

Primary Registration District No. 2005 Registered No. 82

Hospital ———

FULL NAME OF CHILD Carl Wells Gulley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	———	———	yes	March 16 1913

FATHER		MOTHER	
FULL NAME	J. S. Gulley	FULL MAIDEN NAME	Nora Wells
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Ind	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller M.D.
(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

.....19.....

Filed April 9 1913 John S. Meyer
Registrar

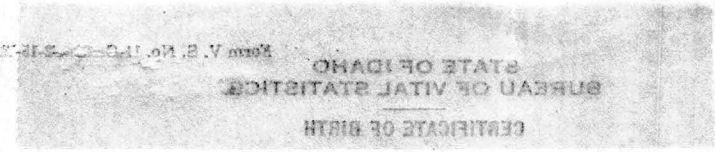
.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



76-13-014-418.

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Hospital ———

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12222

Primary Registration District No. 2005 Registered No. 83

FULL NAME OF CHILD Kenneth S. Gould

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	— (To be answered only in event of plural births)		—	Yes	Mar. 31 1913

FATHER		MOTHER	
FULL NAME	C. M. Gould (Gould)	FULL MAIDEN NAME	Nellie Day
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Minn.
OCCUPATION	Rancher	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 P M. on the date above stated.

(Signature) S. J. Miller M.D.

(Physician or midwife)

Address Caldwell Ida

Filed April 9 1913 John D. Myers Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

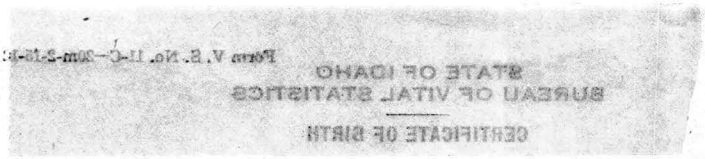
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and this number of each, in order of birth stated.


STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

DEC 30 1958

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Canyon

City of Caldwell

No. ——— St.

Hospital no

Registration District No. 3

Primary Registration District No. 2003

File No. 12223

Registered No. 84

FULL NAME OF CHILD.....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	———		———	yes	April 6 — 1913

FATHER		MOTHER	
FULL NAME	Roy Dearel	FULL MAIDEN NAME	Grace Mackerlory
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	BIRTHPLACE	Ohio
OCCUPATION	Rancher	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M D)

(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed April 9 1913 John S. Mayes
Registrar

S-Y CO. 20174

275-130-007-4

[redacted] PLACE OF BIRTH

County of Blaine

City of Ketchum Registration District No. 21 File No. 12224

No. ____, ____ St. Primary Registration District No. 2022 Registered No. 21

Hospital ____

FULL NAME OF CHILD Richard Elton Sanger

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 30, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Rolla Elton Sanger	Hazel Irene Mills
RESIDENCE	Ketchum Ida	Ketchum Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Macon, Nebr	Hailey Ida
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 P M. on the date above stated.

(Signature) Robert H. Wright M.D.

(Physician or Midwife)

Address Hailey Ida

Filed Apr 7 1913 Robert H. Sanger Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

MAR 23 1942

353-307 007-113

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

Registration District No. 21

File No. 12225

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 22

Hospital ____

FULL NAME OF CHILD Helen Audrey Lycett

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	X		X	Yes	Feb. 7, 1913

FATHER		MOTHER	
FULL NAME	George Rawle Lycett	FULL MAIDEN NAME	Audrey Jackson
RESIDENCE	Ireo	RESIDENCE	Ireo
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth: first.

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at H P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D W Matthei M.D.

(Physician or Midwife)

Address Arco Ida

Given name added from a supplemental report

____, 19____

Filed Mar 20 19 13 Robert A Singh

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

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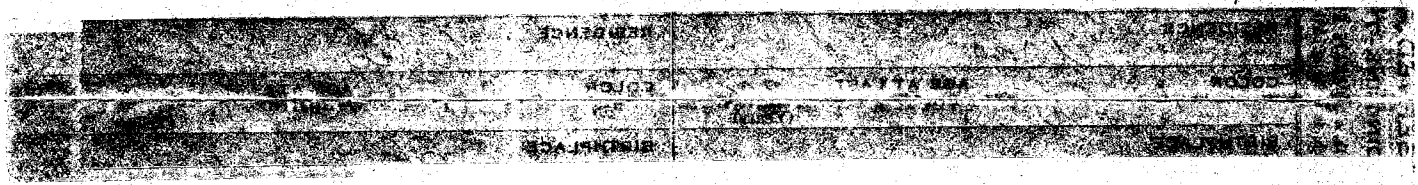
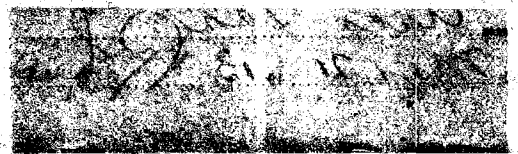




DECEASED

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Carey — Registration District No. 21 — File No. 12226

No. ____ St. — Primary Registration District No. 9025 — Registered No. 23

Hospital ____

FULL NAME OF CHILD Vern Alonzo Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Feb. 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alonzo Smith	Agnes Postgate
RESIDENCE	Carey Ida.	Carey Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	29
BIRTHPLACE	Carey Idaho	Brisbane Australia
OCCUPATION	Farming	House Wife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. B. Howard

Midwife (Physician or midwife)

Address Carey Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 15 1913 Robert H. Langhan Registrar

.....
Registrar

8-Y CO. 20174

MAY 18 1942

MAY 20 1968

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

123.122-007-719

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Hailey

No. ____, ____ St.

Hospital

Registration District No. 21 File No. 12227

Primary Registration District No. 2025 Registered No. 24

FULL NAME OF CHILD Kenneth Park Astor

Sex of Child	Twin, triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 22, 1913

FATHER		MOTHER	
FULL NAME	Alfred Elias Astor	FULL MAIDEN NAME	Eliza Dina Park
RESIDENCE	Provo Bench Utah	RESIDENCE	Provo Bench Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Linden Utah	BIRTHPLACE	Provo Bench Utah
OCCUPATION	Farmer.	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6:42 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19....

Registrar

(Signature) Mrs. L. B. Howard

Midwife

(Physician or Midwife)

Address Hailey Idaho

Filed Apr 3 19 13 Robert Wilson Registrar

S-Y CO., 16669

JUL 19 1954

553-270-007-228

PLACE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Picabo

Registration District No. 21

File No. 12228

No. ..... St.

Primary Registration District No. 2022

Registered No. 25

Hospital .....

FULL NAME OF CHILD Holly Flora Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	March 30 1913

FATHER		MOTHER	
FULL NAME	John Nelson	FULL MAIDEN NAME	Rose Schyuch
RESIDENCE	Picabo	RESIDENCE	Picabo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	railroad section boss	OCCUPATION	housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Rank M.D.

(Physician or midwife)

Address Hailey Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 5 1913

..... Registrar

Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 25 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

County of Brown

City of Darlington

No. ____, ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 12229

Primary Registration District No. 7024 Registered No. 26

FULL NAME OF CHILD Henry Hodgson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb. 25 [illegible]

FATHER

FULL NAME: Marion Hodgson

RESIDENCE: Centrelope

COLOR: White AGE AT LAST BIRTHDAY: 40 (Years)

BIRTHPLACE: Kansas

OCCUPATION: Ranching

MOTHER

FULL MAIDEN NAME: Ethel Johnson

RESIDENCE: Centrelope

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Housewife

[Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12-10 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary E. Brown
Midwife
(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address ____

Filed Mar 15 19 13 [signature] Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

APR 20 1942

659-122-1007-299

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Near Howe

Registration District No. 21

File No. 12230

No. ____ St.

Primary Registration District No. 2026

Registered No. 29

Hospital

FULL NAME OF CHILD Harry Lee Weidemann

Sex of Child	Twin, triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
M				Yes	Mar	27	1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Henry Hermann Weidemann	FULL MAIDEN NAME Edna Brinker
RESIDENCE	Howe, Ida.	RESIDENCE Howe
COLOR	W	COLOR W.
AGE AT LAST BIRTHDAY	42 (Years)	32 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE Ill.
OCCUPATION	Cook.	OCCUPATION Housewife.

Number of child of this mother, including present birth First

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Matthaei M. D.

Physician

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address Howe, Ida.

Filed Mar 30 1913 P. [illegible] Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

DEC 2 2 1941

FEB 6 1975

1942 #007-257

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—Rev. 20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Arco

Registration District No. 21

File No. 12231

No. ____, ____ St.

Primary Registration District No. 2024

Registered No. 78

Hospital

FULL NAME OF CHILD George Albert Armstrong

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M	X	X	yes.	Mar. 21 (Month) (Day) 1942 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Armstrong	Dorothy Lore Beals
RESIDENCE	Arco, Ida.	Arco —
COLOR	W.	W.
AGE AT LAST BIRTHDAY	29 (Years)	17 (Years)
BIRTHPLACE	Salt Lake Co. Utah	Ida.
OCCUPATION	Farmer.	H. W.

Number of child of this mother, including present birth first.

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Maude P. Harvey

Attendant

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address

Filed May 30, 1942

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] 19.

STATE O[redacted]

Bureau of Vit[redacted]

CERTIFICATE [redacted]

City of Clyde — Registration District No. 21 — File No. 12232

No. ____, ____ St. — Primary Registration District No. 2024 — Registered No. 29.

Hospital ____

FULL NAME OF CHILD JESSIE ~~Sylvester~~ Jesse McKinley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy	—	—	Yes	Mar - 11 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John T McKinley	Rosie Larsen
RESIDENCE	Clyde	Clyde
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 7 — Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4, 15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Emily Basinger

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Clyde, Bingo Co Ida

Filed Mar 19 19 13

S-Y CO., 16670

Registrar

Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Butte } ss.

Certificate No. 12232

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Sylvester Jesse McKinley (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1913 (Date of Event)
in Howe, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by attendant's record (Bible Record, Insurance Policy, Etc.) prepared on March 11, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Sylvester Jesse McKinley	Jessie Sylvester McKinley

Subscribed and sworn to before me this 29
day of December, 1942

Notary Public, residing at Arco, Idaho

My commission expires May 23- 1946
(Seal)

Signed Mrs Rose McKinley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Arco, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Butte } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29
day of December, 1942

Notary Public, residing at Arco Idaho

My commission expires May 23- 1946
(Seal)

Signed Ruby B. Barnett
(Signature of Any Credible Person Other Than Previous Year)

Arco Idaho
(Street Address, City, State)

653-123-607-354

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Moore

No. ____, ____ St.

Registration District No. 21 File No. 12233

Primary Registration District No. 2024 Registered No. 30

Hospital

FULL NAME OF CHILD German Ray Wells

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2	yes	Mar 23 1913

FATHER		MOTHER	
FULL NAME	Wm Ray Wells	FULL MAIDEN NAME	Eva Agusta Simmons
RESIDENCE	Moore	RESIDENCE	Moore
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Darlington Blaine Co. Ida.	BIRTHPLACE	Luna Socorro Co. N Mex.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7.40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah E. Simmons

Midwife (Physician or Midwife)

Given name added from a supplemental report

..... 19.....

Address Moore, Blaine Co., Idaho.

Filed Apr 7 1913 R. Hunt Wells Registrar

..... Registrar

S-Y CO., 10000

MARGIN RESERVED FOR BINDING

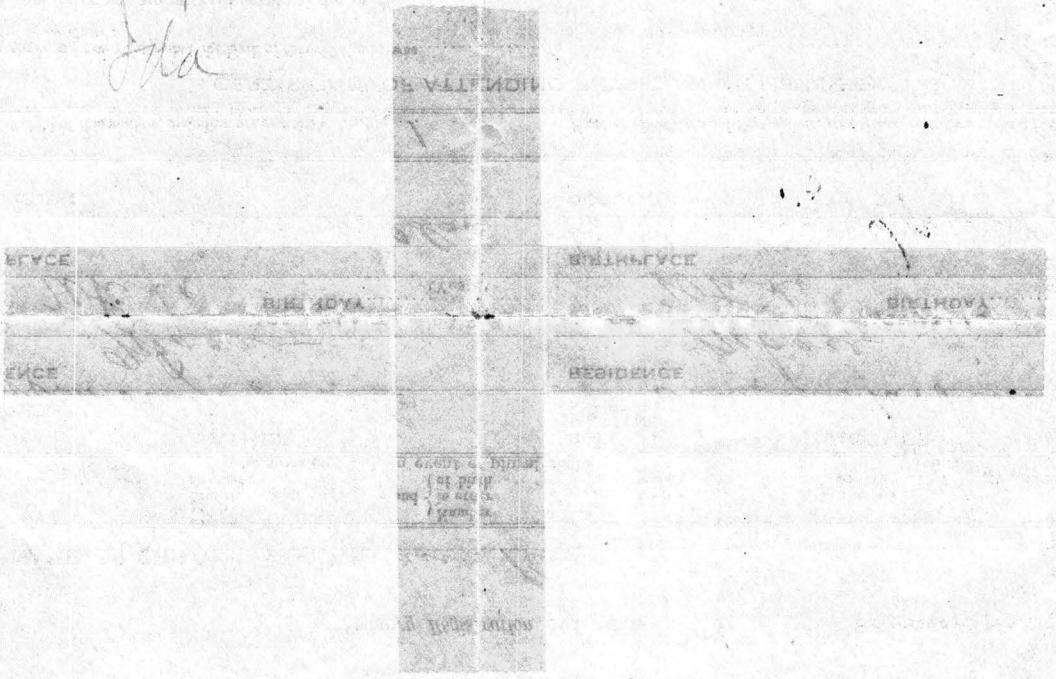
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dr. R. H. Wright

Hailey

Ida



4/18/18

168-112-007-753

PLACE OF BIRTH

County of Blaine

City of Inoor

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 21 File No. 12234

Primary Registration District No. 2024 Registered No. 31

FULL NAME OF CHILD Woodrow Johnson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar 12 1913

FATHER	MOTHER
FULL NAME Algott Johnson	FULL MAIDEN NAME Helena Peterson
RESIDENCE Inoor	RESIDENCE Inoore
COLOR White	AGE AT LAST BIRTHDAY 42 (Years)
AGE AT LAST BIRTHDAY 42 (Years)	COLOR White
BIRTHPLACE Blackstad Sweden	BIRTHPLACE Helsingborg Sweden
OCCUPATION Farmer	OCCUPATION House Keeper

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. S. Harvey (Physician or Midwife)

Address Inoor Blaine Co. Idaho

Given names added from a supplemental report

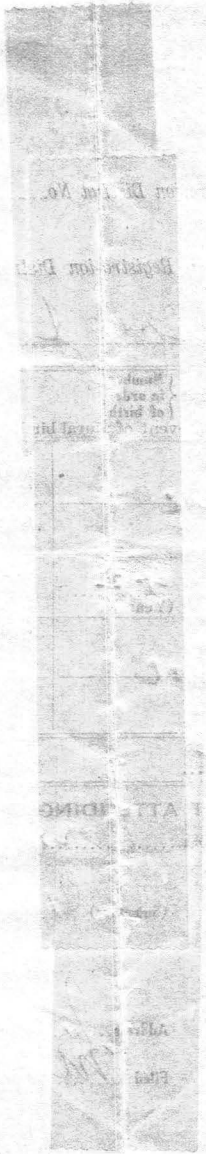
..... 19.....

Filed Mar 30 1913 Robert H Lewis Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



33/20-007-545

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carnal

Registration District No. 21

File No. 12235

No. ____, ____ St.

Primary Registration District No. 2023

Registered No. 32

Hospital ____

FULL NAME OF CHILD Marguerite J. Clark

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 / 1913

FATHER		MOTHER	
FULL NAME	D. S. Clark	FULL MAIDEN NAME	Marguerite Ederburn
RESIDENCE	Carnal Ida	RESIDENCE	Carnal Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Tenn.	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 3-1-1913, at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt C. Riggs

Physician (Physician or Midwife)

Address Soldier Ida.

Given names added from a supplemental report

....., 19.....

Filed Mar 10 1913

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

294-210-002-391

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Carey

Registration District No. 21 File No. 12236

No. ____, ____ St.

Primary Registration District No. 2023 Registered No. 33

Hospital ____

FULL NAME OF CHILD Lucile Simons

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3, 10, 1913

FATHER	MOTHER
FULL NAME: Le Vander Simons	FULL MAIDEN NAME: Addie Prather
RESIDENCE: Carey Idaho	RESIDENCE: Carey Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 49 (Years)	AGE AT LAST BIRTHDAY: 31 (Years)
BIRTHPLACE: Pa.	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 3-10-1913, at 12 00 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dewitt Higgs

Physician
(Physician or Midwife)

Address Soldier Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/15 19 13 Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 0 1973

Amended 8-11-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12237
Local Reg. No. 34
Reg. Dist. No. 21

1. PLACE OF BIRTH
a. COUNTY: Blaine
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soldier
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Soldier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Elza
b. (Middle): Estella
c. (Last): Heath

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 3 - 17 - 1913

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): G.
c. (Last): Heath

8. AGE (At time of this birth): 48 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Kansas

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Luella
b. (Middle):
c. (Last): Grimm

13. AGE (At time of this birth): 31 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ohio

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: DeWitt P. Higgs

19. ADDRESS: Soldier, Ida.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3/30/1913

22. REGISTRAR'S SIGNATURE: Robert H. Wright

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Blaine

City of Soldier

Registration District No. 21 File No. 12237

No. ____, ____ St.

Primary Registration District No. 2023 Registered No. 34

Hospital

FULL NAME OF CHILD Eliza Estella Heath

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	3 / 17 / 1913

FATHER		MOTHER	
FULL NAME	Wm P Heath	FULL MAIDEN NAME	Luella Timm
RESIDENCE	Soldier Ida	RESIDENCE	Soldier Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ohio
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 3-17-1913, at 5 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) DeWitt D Driggs

Physician (Physician or Midwife)

Address Soldier Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/30 19 13 Robert H Hughes Registrar

S-Y CO., 16670

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 17 1965
Bureau of Vital Statistics

State of IDAHO } ss.
County of BONNER

Certificate No. 12237

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Eliza Estella Heath (Name on Original Certificate) who born (Was Born or Died) on March 17, 1913 (Date of Event)
in Soldier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Eliza Estella Heath	Elza Estella Heath

Subscribed and sworn to before me this 26th day of February, 19 65.
Ora Spealman
Notary Public, residing at Sandpoint
My commission expires July 20, 1967
(Seal)

Signed Orville Heath
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Rt 1, Sagle, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonner

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of May, 19 65.
Notary Public, residing at Sandpoint
My commission expires March 20, 1968
(Seal)

Signed Elizabeth J. Monroe
(Signature of Any Credible Person)
Dover, Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 7-14-59. nm

Sandpoint High School Diploma, given at Sandpoint, Idaho on May 27, 1932 gives full name as Elza Estella Heath - viewed by V.S.

Certificate of Marriage, State of Washington, County of PendOreille, gives full name of groom as Ted Chronic and full name of bride as Elza Heath, married July 21, 1934 at Newport, Washington - viewed by V.S.

296-22-6007-257

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Blaine

City of Bellevue

Registration District No. 21 File No. 12238

No. ____ St.

Primary Registration District No. 2022 Registered No. 35

Hospital ____

FULL NAME OF CHILD Mary Brown

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl		3	Yes	January 26 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	J. L. Brown	FULL MAIDEN NAME	Leona Kelton
RESIDENCE	Bellevue	RESIDENCE	Bellevue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kentucky
OCCUPATION	Livery	OCCUPATION	Housework

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Allen M.D.
Bellevue
(Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

Filed Apr 12 19 13 Robert H. Sinclair
Registrar

____
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 3 1973

128028-599

[redacted]

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake

Registration District No. 12 File No. 12239

No. St.

Primary Registration District No. 2051 Registered No. 206

Hospital

FULL NAME OF CHILD Baby Campbell

Sex of Child	If Twin or Triplet?	Number in order of birth	Legitimate?	Date of Birth
Male	1		yes	July 28 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Matthew A Campbell	Esther L Erickson
RESIDENCE	Spirit Lake Ida	Spirit Lake Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Neb.	Mich
OCCUPATION	Machinist	Housework

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Lester A Daniels MD

(Physician or midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3/10 1913 C D Freeman
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each birth, and the number of each, in order of birth, stated.

DUP OF 1913 D55-1101

253-22-1028-134

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 12240

Primary Registration District No. 2051 Registered No. 345

FULL NAME OF CHILD Baby Buckner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Sing		yes	2 - 27 - 1913

FATHER		MOTHER	
FULL NAME	Clifford C. Buckner	FULL MAIDEN NAME	Theresa Aldrich
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Michigan
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 11-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Harris Moore M.D.

(Physician or midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

..... 19.....

Filed 3/10 1913 D D Brennan

Registrar

S-Y CO. 20174

Registrar

JAN 16 1970

914-127-28-523

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

*No.*_____, _____ *St.*

Hospital _____

Registration District No. 12 **File No.** 1224

Primary Registration District No. 2049 **Registered No.** 344

FULL NAME OF CHILD Norman Jesse Ramage

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
M.	1		yes,	Feb. (Month) 27 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jesse M. Ramage	FULL MAIDEN NAME	Bessie L. Estes
RESIDENCE	Harrison, Idaho.	RESIDENCE	Harrison - Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Weston Oregon.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.F. Campbell M.D.

(Physician or Midwife)

Address Nemone

Given names added from a supplemental report

_____, 19____

_____ *Registrar*

Filed 3/10 1913 A.A. Freeman *Registrar*

S-Y CO., 16670

Certified Copy issued Nov. 12, 1940. E.W.

3/26 41 Z.J.

736-025-028-433

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ..... St.

Hospital .....

FULL NAME OF CHILD Robina Inez Glover

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12

File No. 12242

Primary Registration District No. 2049

Registered No. 3743

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F. Male	/	/	Yes	Feb. 25, 1913

FATHER		MOTHER	
FULL NAME	Charles Glover	FULL MAIDEN NAME	Florence M. Mc. Clure
RESIDENCE	Harrison, Idaho.	RESIDENCE	Harrison, Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Denver, Colorado.	BIRTHPLACE	Echo Oregon,
OCCUPATION	Deliveryman	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B F. Campbell M.D.

Phys.

(Physician or Midwife)

Address Kamona

Given names added from a supplemental report

....., 19.....

Filed 3/10 19 13 D. D. Freeman

Registrar

S-Y CO., 16670

Registrar

APR 10 1964

613.225 w28-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Corbin

No. ..... St.

Hospital .....

Registration District No. 12

Primary Registration District No. 2051

File No. 12243

Registered No. 342

FULL NAME OF CHILD Lois M. Wallace

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
female	—	—	Yes	Febry. 25.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Wallace Walker	Zella M. Johnson
RESIDENCE	Corbin	Corbin
COLOR	white	white
AGE AT LAST BIRTHDAY	29 (Years)	19 (Years)
BIRTHPLACE	Kans.	Mo.
OCCUPATION	farmer	housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Wray

Physician (Physician or midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

..... 19.....

Filed 3/10 1913 D D Drennan

..... Registrar

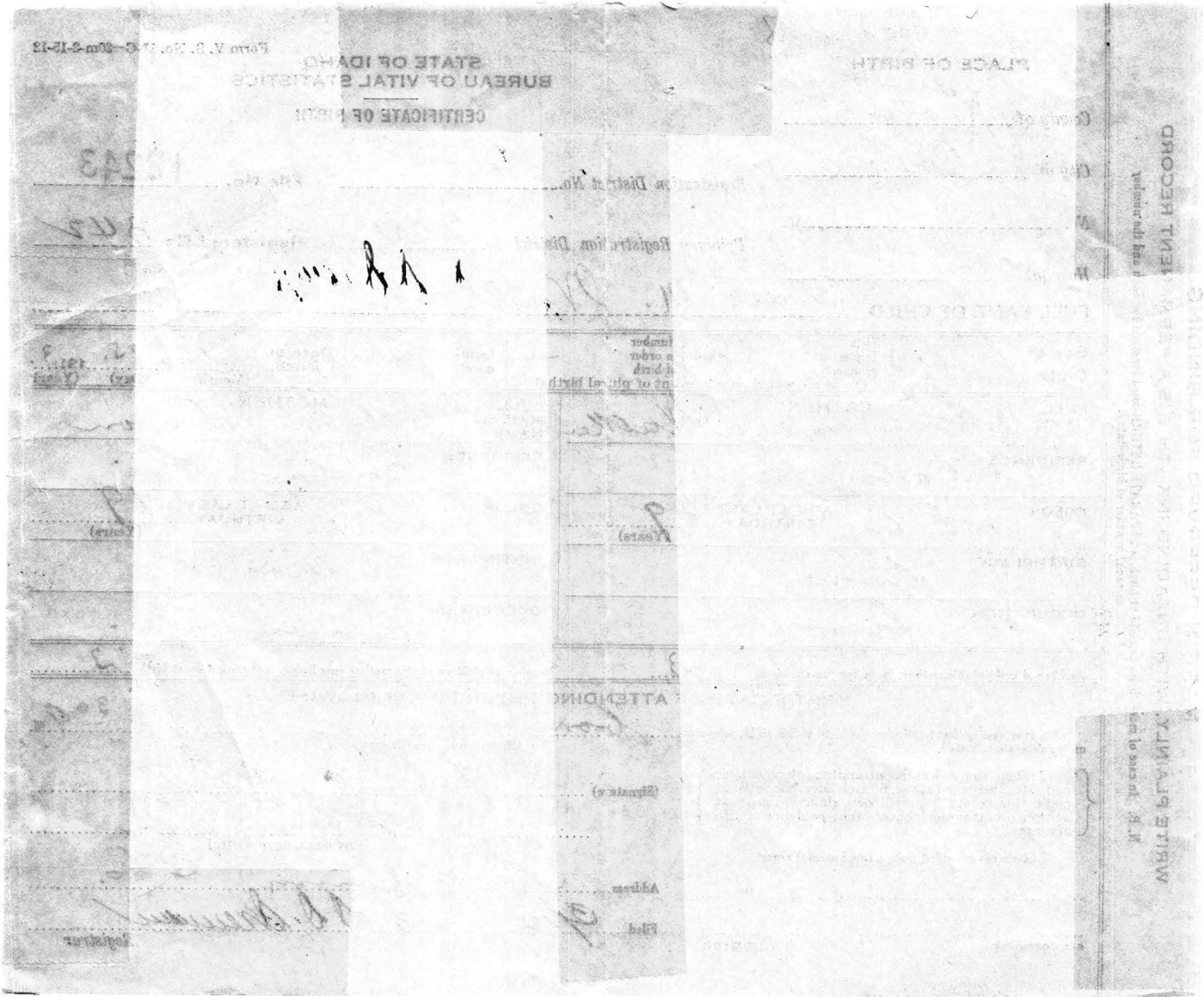
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



133-23-028-168

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Garwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 12244

Primary Registration District No. 2057 Registered No. 341

FULL NAME OF CHILD Clara Lonella Allen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	Feby 23 1913

FATHER		MOTHER	
FULL NAME	Weldon Geo. Allen	FULL MAIDEN NAME	Clara M. Johnson
RESIDENCE	Garwood	RESIDENCE	Garwood
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mont.	BIRTHPLACE	Alberta – Canada
OCCUPATION	Lumberman	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Verry M.D.

Physician (Physician or midwife)

Address Rochester Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/10 1913 S. D. Freeman Registrar

S-Y CO. 20174

JAN 6 1914

165-121-028-512

PLACE OF BIRTH

Form V. S. No. 10-C—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

Registration District No. 1V

File No. 12245

No. ____, ____ St.

Primary Registration District No. 2049

Registered No. 340

Hospital ____

FULL NAME OF CHILD Edward M. Jones Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		/	Yes	Feb. 21, 1913

FATHER		MOTHER	
FULL NAME	Edward M. Jones.	FULL MAIDEN NAME	Helen Eastman
RESIDENCE	Harrison Ida. (Rural)	RESIDENCE	Rural Harrison
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa City Johnson Co. Iowa	BIRTHPLACE	Winnetka Ill.
OCCUPATION	Rancher.	OCCUPATION	Housewife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or Stillborn), at 4:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Campbell M. D.

(Physician or Midwife)

Address Nampine

Given names added from a supplemental report

....., 19.....

Filed 3/10 19 13 D. D. Brennan

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

243-116-05-791

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 12246

Primary Registration District No. 2051 Registered No. 339

FULL NAME OF CHILD Ray Buchanan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Mal	1		Yes	Feb. 16 1913

FATHER		MOTHER	
FULL NAME	Lincoln J. Buchanan	FULL MAIDEN NAME	Sallie E. Trant
RESIDENCE	Spirit Lake Ida	RESIDENCE	Sp. Lake Ida
COLOR	Wht	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	N C	COLOR	Wh
OCCUPATION	Stationary Engr.	AGE AT LAST BIRTHDAY (Years)	23
		BIRTHPLACE	N C
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D Brink M.D.

(Physician or midwife)

Address Spirit Lake

Filed 3/10 19 13 D. D. Brennan

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

631-210-028-532

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 12247

Primary Registration District No. 2051 Registered No. 338

FULL NAME OF CHILD Hulda Paulina Flansburg

Sex of Child: Female

Twin / Triplet or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births)

Legitimate? Yes

Date of Birth: Feb (Month) 10th (Day) 1913 (Year)

FATHER

FULL NAME: Oscar P. Flansburg

RESIDENCE: Post Falls, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Sweeden

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Theresa Eckberg

RESIDENCE: Post Falls, Ida.

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Sweeden

OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Glen J. Ten Brook M.D.

(Physician or midwife)

Address Post Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed Feb 10 1913 D. D. Brennan

Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

MAY 11 1954

629-209-028452

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of St Joe

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 12248

Primary Registration District No. 2049 Registered No. 337

FULL NAME OF CHILD Eugenia Claire O'Brien

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	Single	2	Yes	Feb 9th, 1913

(To be answered only in event of plural births)

FATHER

FULL NAME: Paul J. O'Brien

RESIDENCE: St Joe.

COLOR: White AGE AT LAST BIRTHDAY: 37 (Years)

BIRTHPLACE: Indiana

OCCUPATION: Section foreman

MOTHER

FULL MAIDEN NAME: Rose Lunier

RESIDENCE: St Joe

COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)

BIRTHPLACE: Wisconsin

OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) W. L. Lindsay

Physician

(Physician or Midwife)

Address St Joe Idaho

Filed 3/10 1913 S. D. Freeman

Registrar

S-Y CO., 16670

9

JUL 2 3 1974

653-208-028-449

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Ferrell

Registration District No. 12

File No. 12249

No. ____, ____ St.

Primary Registration District No. 2049

Registered No. 336

Hospital

FULL NAME OF CHILD Orthank

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single (To be answered only in event of plural births)	7th	Yes	Feb 8, 1913

FATHER		MOTHER	
FULL NAME	Joseph Orthank	FULL MAIDEN NAME	Hester Murphy
RESIDENCE	Ferrell	RESIDENCE	Ferrell.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Maryland	BIRTHPLACE	Dubuque Iowa
OCCUPATION	Machinest	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive—lived 5 min Hydrocephalus (Born alive or stillborn) at 1045 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) N. L. Lindsay

Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 2/10 19 13

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Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

141-104-028-365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Hayden Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 12250

Primary Registration District No. 2057 Registered No. 335

FULL NAME OF CHILD Floyd Ellis Aman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Feby 4. 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Aman	Cora Mary Lonsdale
RESIDENCE	Hayden Lake	Hayden Lake
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	25	28
BIRTHPLACE	Ill	Ill
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 15 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Ware

Physician

(Physician or midwife)

Address Rathdrum Ida

Given names added from a supplemental report

..... 19.....

Filed 3/10 19 13 D. D. Brennan

Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 29 1941

963-20 3-028-942

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 12251

Primary Registration District No. 2051 Registered No. 334

FULL NAME OF CHILD McCon Marguerite Roth

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	— (To be answered only in event of plural births)	—	Yes	Febry. 3. 1913

FATHER	MOTHER
FULL NAME George Roth	FULL MAIDEN NAME Bessie Reusching
RESIDENCE Twin Lake	RESIDENCE Twin Lakes
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Ark.
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born a Con (Born alive or stillborn), at 11. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Perry

Physician (Physician or midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

....., 19.....

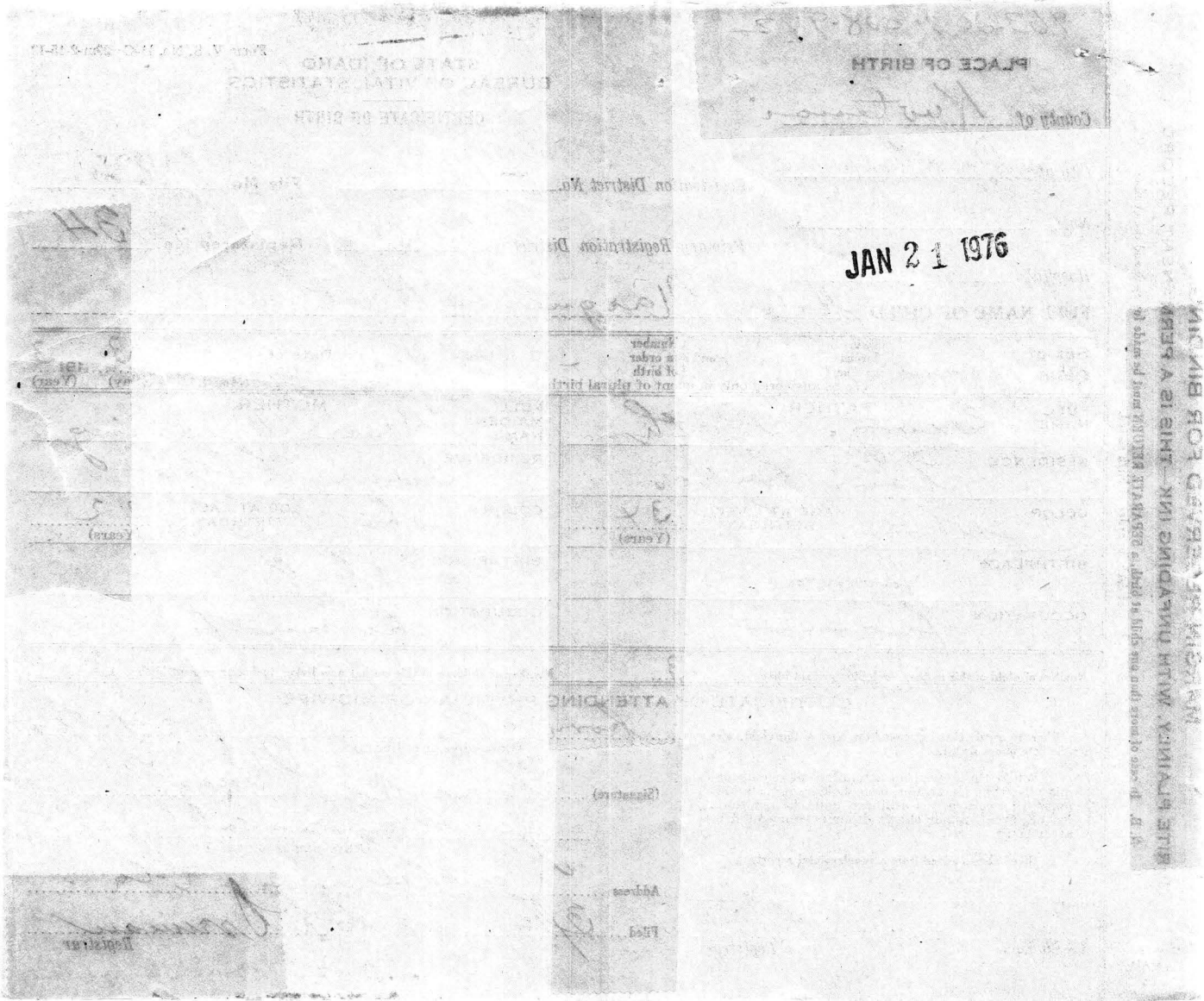
Filed 3/10 1913 D. D. Osmun Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


JAN 21 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2½-1-13. 6:30-54 Y

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 12252

Primary Registration District No. 2044 Registered No. 333

FULL NAME OF CHILD Howard E Baughman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 3, 1913

FATHER		MOTHER	
FULL NAME	Josiah Baughman	FULL MAIDEN NAME	Rosalie Edmiston
RESIDENCE	Harrison	RESIDENCE	Harrison
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Oregon
OCCUPATION	Professor	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard C Lisle

Physician (Physician or Midwife)

Address Harrison

Given names added from a supplemental report

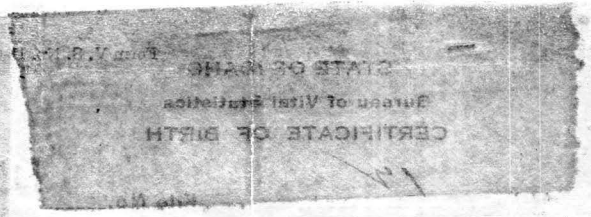
....., 19.....

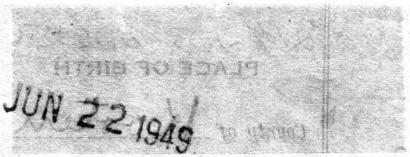
Registrar

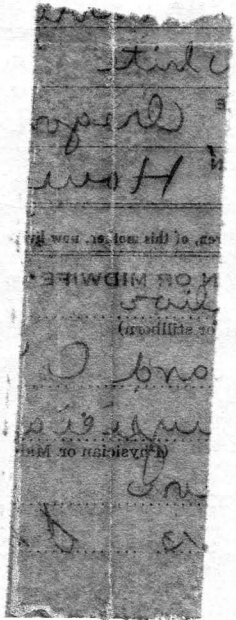
Filed 3/10 1913 O D Duncan

Registrar

S-Y CO., 16670




JUN 22 1949



863-211-028-306

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Kootenai

City of Spirit Lake — Registration District No. _____ File No. 12253

No. _____ St. — Primary Registration District No. 2051 — Registered No. 332

Hospital Trindle Hospital

FULL NAME OF CHILD Jane Grayland Holmes

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	Sing	and	yes	2 – 11 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Frank S. Holmes	FULL MAIDEN NAME: May Cooley
RESIDENCE: Spirit Lake	RESIDENCE: Spirit Lake
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 37 (Years)
BIRTHPLACE: Minn	BIRTHPLACE: South Dakota
OCCUPATION: Express Dressinger	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 12:15 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Warren D. Moon M.D.

(Physician or midwife)

Address Spirit Lake

Given names added from a supplemental report

..... 19.....

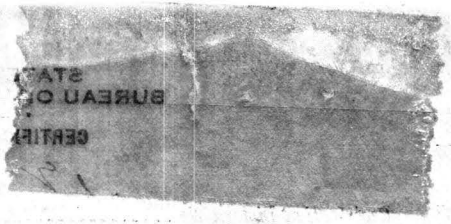
Filed 3/10 1913 A. L. Freeman Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



231-107-028-613

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17

Primary Registration District No. 2051

File No. 12254

Registered No. 351

FULL NAME OF CHILD John Blacklegs

Sex of Child Male

Twin, Triplet or other? 1 and Number in order of birth —

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth ... (Month) ... (Day) 7 ... (Year) [redacted]

FATHER

FULL NAME John Blacklegs

RESIDENCE Spirit Lake

COLOR White

AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Lancastershire England

OCCUPATION Laborer

MOTHER

FULL MAIDEN NAME Betsey Watson

RESIDENCE Spirit Lake

COLOR White

AGE AT LAST BIRTHDAY 35 (Years)

BIRTHPLACE Lancastershire Eng

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6-1 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl A. Brindle MD

(Physician or midwife)

Address Spirit Lake Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3/10 1913 D. S. Freeman Registrar

8-Y CO. 20174

169-2 01-028-817

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12255

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

Registration District No. 1st

Primary Registration District No. 205

File No. .....

Registered No. 330

FULL NAME OF CHILD not named Agnes Katrine

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Fem	1		yes	Feby 1 (Month)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Charles Jorgensen	FULL MAIDEN NAME	Mary Hagen
RESIDENCE	Spirit Lake	RESIDENCE	Spirit Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Norway
OCCUPATION	Saw mill laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 p m M. on the date above stated.

(Signature) Emil S Rudd M D

(Physician or midwife)

Address Spirit Lake Idaho

Filed 3/10 19 13 A D Freeman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

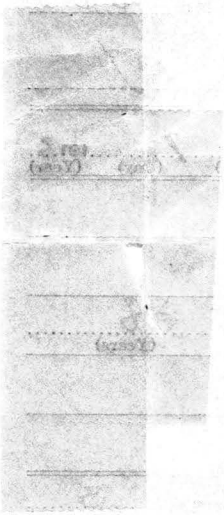
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 18 1972



281-118-028-652

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V, S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Post Falls Registration District No. 12 File No. 12256

No. ____ St. Primary Registration District No. 2051 Registered No. 350

Hospital ____

FULL NAME OF CHILD Ralph Claude Shanks

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male	✓	✓	Yes	Jan. 18 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Austin Claude Shanks	Hazel Marie Webster
RESIDENCE	Post Falls, Ida.	Post Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	19
BIRTHPLACE	Post Falls, Ida.	State Center, Iowa
OCCUPATION	Cashier Assistant in bank	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5.35 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Glen J. Ten Brook, M.D.
(Physician or midwife)

Address Post Falls Ida.

Given names added from a supplemental report

....., 19....

Filed 3/10 1913 A. D. Freeman
Registrar

S-Y CO. 20174

Registrar

FEB 18 1942

SHANKS

Dept of 1913 -
69610

964-129.028-465

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital ____

Registration District No. 12

File No. 12257

Primary Registration District No. 2049

Registered No. 351

FULL NAME OF CHILD Santi Romano

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	Jan 22, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Romano	Mary Antonet Montinole
RESIDENCE	Harrison Idaho	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	52	40
BIRTHPLACE	Italy	Italy
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive Jan 23-1913 at 6:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. N. Hennig

Physician

(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3/10 19 13 D. D. Brennan
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 13 1955

235-111-028-245

PLACE OF BIRTH

County of Kootenai

City of Harrison

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 14 File No. 12258

Primary Registration District No. 2049 Registered No. 349

FULL NAME OF CHILD Chester George Blessing

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Legitimate?	Date of birth
M	and	Yes	January 11, 1913 (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Walter L. Blessing	Clara J. Smelcer
RESIDENCE	Rural, Harrison (Medimont)	(Medimont) Rural Harrison Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Trent Washington	Mondovi Washington
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or Midwife)

Address Harrison

Given names added from a supplemental report

....., 19.....

Filed 2/10 1913 A. J. Freeman

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

114-109-028-358

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of K.

City of Harrison

No. ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 1 W

File No. 12259

Primary Registration District No. 2049

Registered No. 3248

FULL NAME OF CHILD Walter Kenneth James

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
M.			Yes	January 9 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Walter C. James	FULL MAIDEN NAME	Grace E. Lehman
RESIDENCE	Rural, Harrison Ida.	RESIDENCE	Rural, Harrison Ida.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Tolona, Ill.	BIRTHPLACE	Champaign Ill
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. F. Campbell M. D.

(Physician or Midwife)

Address Harrison

Given names added from a supplemental report

....., 19.....

Filed 3/10 19 13 D. D. Brennan

Registrar

S-Y CO., 16670

Registrar

FEB 2 6 1969

JUL 1 5 1942

249-15E-028-897

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Hayden Registration District No. 17 File No. 1226D

No. ....., ... St. Primary Registration District No. 2049 Registered No. 347

Hospital .....

FULL NAME OF CHILD Foster Samuel Burns

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	1		Yes	Jan. 6, 1913

FATHER		MOTHER	
FULL NAME	Humphrey E. Burns	FULL MAIDEN NAME	Laura May Hight
RESIDENCE	Harrison (Rural)	RESIDENCE	" Rural, Harrison
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Midway, Woodford Co. Kentucky	BIRTHPLACE	Laramie City, Wyoming
OCCUPATION	Homesteader	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1 30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or Midwife)

Address Hayden

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/10 19 13 D. D. Drennan

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 2 1942

NOV 18 1944

[redacted] 261

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Town Y. Salt Lake 2nd

City of Falk

Registration District No. 22

File No. 12266

No. [redacted], St.

Primary Registration District No. 2610

Registered No. 220

Hospital

FULL NAME OF CHILD Vernon Mackay Hoagland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	Mar 20, 1913

FATHER		MOTHER	
FULL NAME	Edward L Hoagland	FULL MAIDEN NAME	Margaret S Hoagland
RESIDENCE	Falk	RESIDENCE	Falk
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Salt Lake Utah	BIRTHPLACE	Murray Utah
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Sarah E Hoagland
Midwife
(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

.....
Registrar

Address .....

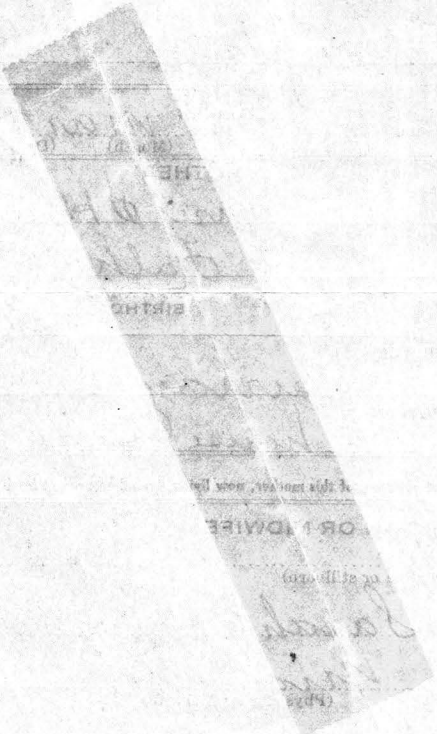
Filed 4/1/13 19..... J R Woodward
Registrar

S-Y CO., 16669

MAIL TO PARENT FOR SIGNATURE
WHEN RETURNED FILE IN REGISTRAR'S OFFICE
and the number
NT RECORD

NOV 16 1961

AUG 13 1942



S-45-110-4 Y-813

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12267

County of Canyon

City of Bramwell

Registration District No. 2

File No.

No. ..... St.

Primary Registration District No. 2010

Registered No. 214

Hospital .....

FULL NAME OF CHILD James Hoagland

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Boy			yes	Mar 10, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	John Davis Hunter	FULL MAIDEN NAME	Charlotte Hale Hunter
RESIDENCE	Bramwell	RESIDENCE	Bramwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Grantsville Utah	BIRTHPLACE	Grantsville Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 8.15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs S E Hoagland

midwife

(Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 4/1/13 19.. R L Woodward

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

635-213-CIK-635

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12268

County of Canyon

City of Falls

Registration District No. 22

File No.

No. , St.

Primary Registration District No. 2010

Registered No. 218

Hospital

FULL NAME OF CHILD Mary Emeline Olson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 13, 1913

FATHER		MOTHER	
FULL NAME	Joseph A Olson	FULL MAIDEN NAME	Lydia L Olson
RESIDENCE	Falls	RESIDENCE	Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Provo Utah
OCCUPATION	Carpenter	OCCUPATION	House wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive 8:15 (Born alive or stillborn) at 8:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs L E Hoagland

Midwife (Physician or Midwife)

Given name added from a supplemental report

....., 19.....

Address .....

Filed 4/1/13 19.....

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 2 - 1954

693.715-014.713

PLACE OF BIRTH

County of Canyon

City of Emmett

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

12269

Registration District No. 3 22

File No. ____

Primary Registration District No. 2010

Registered No. 203

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		2	yes	2-15-1913

FATHER		MOTHER	
FULL NAME	Hiram LeRoy Wilbur	FULL MAIDEN NAME	Carey Bell Pattison
RESIDENCE	Emmett	RESIDENCE	Emmett Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Kansas
OCCUPATION	Runches	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds

(Physician or Midwife)

Address Emmett Idaho

Filed 2-15-1913 J. L. Reynolds Registrar

Given names added from a supplemental report

....., 19.....

Registrar

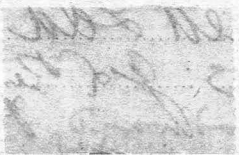
S-Y CO., 16870

4/1/13 SRW — Edward Local

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



652-1/02 of 4-295

PLACE OF BIRTH

County of Cherry

City of ____

No. ____, ____ St.

Hospital ____

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12270

Registration District No. 22

File No. ____

Primary Registration District No. 2010

Registered No. 204

FULL NAME OF CHILD PAUL EVANS FEST

Sex of Child	Twin, Triplet, or other? ** and Number in order of birth ** (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	2-- 2-- 191.3

FATHER		MOTHER	
FULL NAME	Leo E. Fest	FULL MAIDEN NAME	Gertrude Sinclair
RESIDENCE	Emmett, Ida	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	20 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Nebr.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11- A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. O. Clark M.D.

(Physician or Midwife)

Address Emmett Ida

Given name added from a supplemental report

..... 19.....

Filed 2-15- 1913 J. A. Reynolds Local Registrar

..... Registrar

4/1/13 S R W

S-Y CO., 6669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Multnomah }

Certificate No. 12270

JAN 15 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Paul Evans Fest (NAME ON ORIGINAL CERTIFICATE) who Was born (WAS BORN OR DIED) on February 2, 1913 (DATE OF EVENT) in Emmett, Idaho (PLACE OF EVENT) were omitted; and that, to the best of his knowledge, the true facts as shown by affidavit (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on January 13, 1942 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Fest	Paul Evans Fest

Subscribed and sworn to before me this 13th day of January 19 42

Notary Public, residing at Portland, Oregon

My commission expires July 10, 1943

(SEAL)

Signed Gertrude Fest Herriman (Mother)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2229 NE 8th Ave. Portland Oregon.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of January 1942

Notary Public, residing at Portland, Oregon

My commission expires July 10, 1943

(SEAL)

Signed R. L. Popham

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Emmett Idaho

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 15 1942 By

(REGISTRAR'S SIGNATURE)

113-208-2014-294

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Cassia

City of Burbank Registration District No. 3-22 File No. 12271

No. ____, ____ St.

Primary Registration District No. 2210 Registered No. 203

Hospital ____

FULL NAME OF CHILD Dorothy Ruth Jackson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	3 - 8 - 1913

FATHER	MOTHER
FULL NAME Merton William Jackson	FULL MAIDEN NAME Elizabeth Simpson
RESIDENCE Emmett Ida (R.F.D. #1)	RESIDENCE Emmett Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Wife

* Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6-30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

..... Registrar

(Signature) J. L. Reynolds M.D.

(Physician or Midwife)

Address Emmett Ida

Filed 3-23- 1913 J. L. Reynolds Registrar

4/1/13 S R W

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-G—Rev. 1930

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
AUG 16 1963
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12271

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Jackson (girl child) (Name on Original Certificate) who was born (Was Born or Died) on March 8, 1913 (Date of Event)
in Bramwell, Idaho - Canyon County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Dorothy Ruth Jackson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 4-3-63. nm

Certificate of Weight and Measurements, issued by United States Department of Labor, appears old but date of birth is altered, made August 31, 1913, gives full name of child as Dorothy Ruth Jackson, born March 8, 1913, gives age of Child as 5 years old - viewed by VS.

JAN 8 1969

Photo copy of Family Bible Record, appears old and unaltered, gives name of child as Dorothy Ruth, born March 8, 1913, blessed by Jas. T. Hoagland, June 1, 1913 - viewed by VS.

JUL 9 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11—15m—9-20-11

CERTIFICATE OF BIRTH

12272

County of Canyon

City of Emmett — Registration District No. 2-2 — File No.

No. 178 St. — Primary Registration District No. 2010 — Registered No. 202

Hospital

FULL NAME OF CHILD Harry E Hawthorn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			yes	3-21-1913

FATHER		MOTHER	
FULL NAME	Edwin Harry Hawthorn	FULL MAIDEN NAME	Thursa Anna Clark
RESIDENCE	Emmett	RESIDENCE	Emmett
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive March 21-1913 at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Reynolds M.D.
(Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed 4-1 1913 J. L. Reynolds
Registrar

S-Y CO., 16670

.....
Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

20-30-27-958

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Canyon

City of Emmett — Registration District No. 3 — File No. 12214

No. ____, ____ St.

Primary Registration District No. 201 — Registered No. 260

Hospital ____

FULL NAME OF CHILD Ida Eulala Young

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	3-7-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Louis Young	Leonie Eugene Reynaud
RESIDENCE	Emmett	Emmett
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	43	36
BIRTHPLACE	Penn	France
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 4 — Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J L Reynolds M D (Physician or Midwife)

Address Emmett Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 1 1913 19..... J L Reynolds Local Registrar

....., Registrar

S-Y CO., 16670

& R Woodward Dep

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERM

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

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JAN 23 1975

Cummings not
reporting

281-216-014-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12275

County of Canyon

City of _____

No _____, _____ St.

Hospital _____

Registration District No 2 2 File No. _____

Primary Registration District No. 2009 Registered No. 223

FULL NAME OF CHILD Unnamed Marjorie Rena Shank

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 16 1913

FATHER	MOTHER
FULL NAME: H. G. Shank	FULL MAIDEN NAME: Mabel Shamberger
RESIDENCE: Near Fruitland Ida.	RESIDENCE: With husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Kansas
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

*

....., 19.....

..... Registrar

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette, Idaho

Filed 4/1/13 19..... S. R. Woodward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

SEP 11 1950

2 1954

41(342)-014-657

PLACE OF BIRTH

Form V. S. No. H-C-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12276

County of Canyon

City of

Registration District No 22

File No.

No ....., ... St.

Primary Registration District No 2009

Registered No. 222

Hospital

2009

FULL NAME OF CHILD EDWARD DACHTLER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy				yes	May 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Philip Dachtler	Anita Anetta Werner
RESIDENCE	Near New Plymouth Ida	With Husband
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	28
BIRTHPLACE	Russia	Russia
OCCUPATION	Farmer	Farmer

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette Idaho

Filed 4/1/13 19..... F. R. [illegible]

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

DOR 06-94017

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss. JAN 28 1942
County of Deschutes }

Certificate No. 12276

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on March, 21, 1913 (DATE OF EVENT)
in Fruitland, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by baptismal record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 1 - 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Edward Dachtler
name of mother	Anetta Werner	Anita Werner

Subscribed and sworn to before me this 24th
day of January, 19 42

Notary Public, residing at Bend, Oregon
My commission expires April 24, 1942
(SEAL)

Signed Emil Dachtler Brother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rt.1, Box 129, Bend, Oregon.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Deschutes }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th
day of January, 19 42

Notary Public, residing at Bend, Oregon
My commission expires April 24, 1942
(SEAL)

Signed × William Blind
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
S. 3rd St., Bend, Oregon.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 28 1942 By
(REGISTRAR'S SIGNATURE)

95-115-514-239

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

12277

Registration District No. 22 File No. ____

Primary Registration District No. 20-2009 Registered No. 217

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 15, 191.3

FATHER		MOTHER	
FULL NAME	W. A. Duncan	FULL MAIDEN NAME	Della Strayer
RESIDENCE	Near Fruitland	RESIDENCE	Near Fruitland
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Missouri	BIRTHPLACE	Illinois
OCCUPATION	Day Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M. D.

(Physician or Midwife)

Address New Plymouth Ida

Given name added from a supplemental report

____, 19____

____ Registrar

Filed 4/1/13 19____ S R Wood Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

685-201-014-638

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

Registration District No. 122 File No. 12278

No. ____, ____ St.

Primary Registration District No. 2009 Registered No. 216

Hospital ____

FULL NAME OF CHILD Juanita Alida Wheaton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				yes	Jan 1, 1913

FATHER		MOTHER	
FULL NAME	W. W. Wheaton	FULL MAIDEN NAME	Ida Elizabeth Flynn
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Brooklyn N.Y.	BIRTHPLACE	New England Canada
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M D

(Physician or Midwife)

Address New Plymouth Ida

Given name added from a supplemental report

....., 19.....

Filed 4/1/13 19 S P Woodward Registrar

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 1 1 1971

JUN 2 5 1974

519-115-01X-261

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

12279

County of Canyon

City of New Plymouth R Fd

Registration District No. 22

File No.

No. , St.

Primary Registration District No. 2009

Registered No. 212

Hospital

FULL NAME OF CHILD Wayne Frederick Harper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Jan 15, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Frederick Harper	Agnes Swanson
RESIDENCE	New Plymouth R Fd	New Plymouth
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	35
BIRTHPLACE	Kansas	South Dakota
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.9- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or Midwife)

Address New Plymouth, Ida.

Given name added from a supplemental report

....., 19.....

Filed 4/1/13 19..... F R Edwards Registrar

.....

Registrar

S-Y CO., 16669

D24

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 23 1942

394-118-004-252

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of Canyon

City of New Plymouth

No. R F D II St.

Registration District No. 322 File No. 12280

Primary Registration District No. 2009 Registered No. 214

Hospital

FULL NAME OF CHILD ~~Boy~~ Charlie B Cruickshank

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	June 18, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lorain Cruickshank	Ettie Best
RESIDENCE	New Plymouth R.F.D.	New Plymouth Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	43	32
BIRTHPLACE	Scotland	England
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Snyder M.D.

(Physician or Midwife)

Address New Plymouth Ida

Given name added from a supplemental report

....., 19.....

Filed 4/1/13 19 T. R. Woodward Registrar

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8-7-41

3-19-12-014-312

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

12281

County of Canyon

City of New Plymouth Registration District No. 2 12 File No.

No. ____, ____ St.

Primary Registration District No. 2009 Registered No. 213

Hospital

FULL NAME OF CHILD Lewis James Carpenter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feb 17, 1913

FATHER		MOTHER	
FULL NAME	Leslie Carpenter	FULL MAIDEN NAME	Agnes Castles
RESIDENCE	New Plymouth Ida	RESIDENCE	New Plymouth Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho -	BIRTHPLACE	Nebraska -
OCCUPATION	Farmer	OCCUPATION	Housewife -

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Snyedale M.D.

(Physician or Midwife)

Address New Plymouth Ida -

Given name added from a supplemental report

....., 19.....

Filed 4/1/13 19..... J R Woodward Dep. Registrar

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 28 1942

235-12 C 4-639

PLACE OF BIRTH

County of Canyon

City of ____

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

12282

Registration District No. 22 File No. ____

Primary Registration District No. 2209 Registered No. 212

FULL NAME OF CHILD Alma Nelson Stegall

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Feb 26 1913

FATHER		MOTHER	
FULL NAME	Allen Stegall	FULL MAIDEN NAME	Martha Alma
RESIDENCE	Nr Plymouth	RESIDENCE	Nr Plymouth Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was twin alive (Born, alive or stillborn) at 10 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm I. Drysdale M D

(Physician or Midwife)

Address Nr Plymouth Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed 4/1/13 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 1944
MAR 23 1944

132-205-014-563

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of New Plymouth

No. ..... St.

Registration District No. 22 File No. 12283

Primary Registration District No. 2009 Registered No. 211

Hospital .....

FULL NAME OF CHILD Bessie Irene Atkinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f			yes	March 5, 1913

FATHER		MOTHER	
FULL NAME	John Clark Atkinson	FULL MAIDEN NAME	Nella Lee Cole
RESIDENCE	New Plymouth R. F. D	RESIDENCE	New Plymouth Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Nebr.	BIRTHPLACE	Oregon
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or Midwife)

Address New Plymouth Ida

Given name added from a supplemental report

....., 19.....

Filed 7/1/13 19..... S. R. W. ..... Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

458-107-014-132

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Jan. 1

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12284

County of Canyon

City of New Plymouth Registration District No. 122 File No.

No. , St. Primary Registration District No. 2009 Registered No. 210

Hospital

FULL NAME OF CHILD Philip Ernest Meyer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	March 7, 1913

FATHER		MOTHER	
FULL NAME	Ernest F. Meyer	FULL MAIDEN NAME	Florence Ackerman
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Neb.	COLOR	White
OCCUPATION	Machinist	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Neb.
		OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale MD

(Physician or Midwife)

Address New Plymouth Ida.

Given names added from a supplemental report

, 19

Registrar

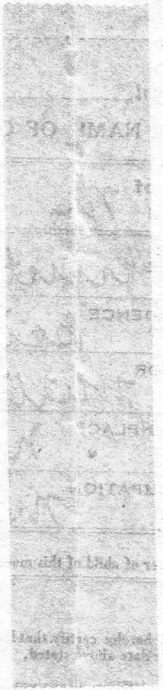
Filed 4/1/13 19 S R Ellsworth Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



291-218.01 4-149

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12285

County of Canyon

City of Nr. Plymouth

Registration District No. 32

File No.

No. ..... St.

Primary Registration District No. 2009

Registered No. 209

Hospital

FULL NAME OF CHILD Mary Louesa Eileen Brauner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
f.			Yes	March 18, 1913

FATHER		MOTHER	
FULL NAME	Wm Brauner	FULL MAIDEN NAME	Ada Amelia Murphy
RESIDENCE	Nr Plymouth	RESIDENCE	Nr Plymouth Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
COLOR	White	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Austria	BIRTHPLACE	Wisconsin
OCCUPATION	Hotel keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Drysdale M.D.

(Physician or Midwife)

Address Nr Plymouth Ida

Given name added from a supplemental report

....., 19.....

Registrar

Filed 4/1/13 19..... S. R. [illegible] Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 26 1961

962-123-014-766

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12286

County of Canyon

City of New Plymouth

Registration District No. 4 22

File No.

No. ....., ... St.

Primary Registration District No. 2009

Registered No. 205

Hospital .....

FULL NAME OF CHILD Ernest Garth Rose

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Elisha Rose	Mary Doss
RESIDENCE	New Plymouth Ida	New Plymouth Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	41
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Snyder M D

(Physician or Midwife)

Address New Plymouth Ida.

Given name added from a supplemental report

....., 19.....

Filed 4/1/13 19..... S R W .....

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 9 1974

385-230-0404-794

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

11—10m-6-20-11

12287

County of Canyon

City of Nur Plymouth Registration District No. 5 22 File No.

No. , St.

Primary Registration District No. 1000 Registered No. 207

Hospital

FULL NAME OF CHILD EDITH MARIE CHENEY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				Yes	March 30, 1913

FATHER		MOTHER	
FULL NAME	Homer Cheney	FULL MAIDEN NAME	Nora Zimmerman
RESIDENCE	Nur Plymouth R. Fd	RESIDENCE	Nur Plymouth Ida
COLOR	White	AGE AT LAST BIRTHDAY (Years)	44
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Mich-	BIRTHPLACE	Ill-
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm J. Dunedale M.D.

(Physician or Midwife)

Address Nur Plymouth Ida-

Given name added from a supplemental report

....., 19.....

Filed 4/1/13 19..... S R W

S-Y CO., 16669

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 12287

State of Idaho } ss.
County of Payette }

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Edith Marie
Surname	Cheensy	Cheney

Subscribed and sworn to before me this 8
day of March, 19 43

E. P. Day

Notary Public, residing at New Plymouth Idaho

My commission expires 7-6-1946
(SEAL)

Signed Nora Marion Cheney
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on SEP 15 1943 By .....
(REGISTRAR'S SIGNATURE)

SEP 17 1943

OCT 16 1962

015-120-014-552

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Canyon

City of Fruitland

No. ..... St.

Hospital .....

Form V. S. No. 10-20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12288

Registration District No. 2 2 File No. .....

Primary Registration District No. 2009 Registered No. 206

FULL NAME OF CHILD Harold Robert Hansel

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	yes	Mar. 20th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvin Hansel	Ethel Lisle Ensign
RESIDENCE	Fruitland Ida.	Fruitland, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	25
BIRTHPLACE	Farmington, Iowa.	Condo N. Dak
OCCUPATION	Ben Keeper	Housewife.

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 6 M. on the date above stated.

(Signature) Crispin Wright M.D.
Fruitland, Ida.
(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

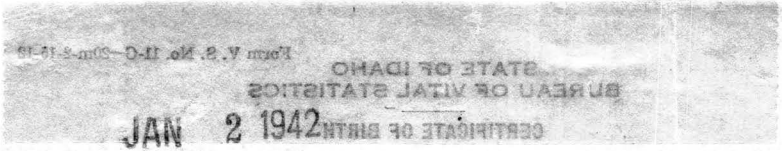
..... Registrar

Address .....

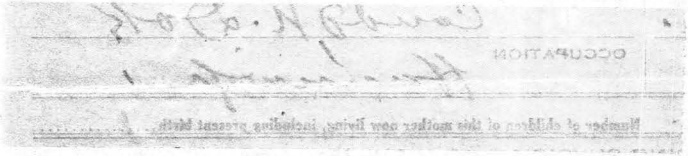
Filed 4/1 19 13 S RW

Registrar

S-Y CO. 20174



OCT 17 1975



747-04-004-995

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12289

County of Canyon

City of Payette

Registration District No. 22

File No.

No. ____, ____ St.

2008

Primary Registration District No.

Registered No. 196

Hospital

FULL NAME OF CHILD Thomas Woodrow Purcell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mar 4, 191 3

FATHER		MOTHER	
FULL NAME	John L. Purcell	FULL MAIDEN NAME	Mabel Ireton
RESIDENCE	Payette Ida	RESIDENCE	Payette, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Mason	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4-20 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S R Woodward

Phys. (Physician or Midwife)

Address Payette, Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar. 4, 1913 19..... S R Woodward Dep-

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF

PRINT NEATLY
WRITE PLAINLY WITH INK/PENCIL

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of California) Certificate No. 12289
)ss
County of Los Angeles) Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for no name given (Name on original certificate) who was born (was born or died) on March 4, 1913 (Date of event) in Payette, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by ..... (Bible record, insurance plcy.etc.) prepared on ..... (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Thomas Woodrow Purcell

Subscribed and sworn to before me this 18 day of September 194(

Signed John Purcell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Clara M. Owens
Notary Public
Residing at Los Angeles, Calif.

1031 So. McDonnell Ave. Los Angeles
(Street address, City, State)

My commission expires Nov. 28 1944

(SEAL)

SEP 28 19
RECEIVED

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of California)
)ss
County of Los Angeles)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18 day of September 194(

Signed W. D. McMann
(Signature of any credible person other than the previous affiant.) Los Angeles

Clara M. Owens
Notary Public
Residing at Los Angeles, Calif.

6028 Allston St. Calif.
(Street address, City, State)

My commission expires Nov. 28 1944
(SEAL)

849-105-014-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-5-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12290

County of Canyon

City of Payette

No. 1036, 2nd ave. So. St.

Registration District No. 22

File No.

Primary Registration District No. 2005

Registered No. 197

Hospital

FULL NAME OF CHILD Unnamed E. Lew Hurd

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	May 5 1913

FATHER		MOTHER	
FULL NAME	Ray Hurd	FULL MAIDEN NAME	Linda Johnson
RESIDENCE	1036 2nd ave. So. Payette Idaho	RESIDENCE	with Husband
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Illinois	BIRTHPLACE	Utah
OCCUPATION	Veterinary Surgeon	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician (Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 8 19 13

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 19 1952

168-101-014-385

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12291

County of Canyon

City of Payette

Registration District No. 22

File No.

No. ....., ... St.

Primary Registration District No. 2008

Registered No. 195

Hospital .....

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	any	2	yes	Mar 1 1918

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Curtis W Johnson	FULL MAIDEN NAME Maggie Thiba
RESIDENCE Payette	RESIDENCE Payette
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Morton Kansas	BIRTHPLACE Vale Oregon
OCCUPATION farmer	OCCUPATION housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 4:30 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O W Barton M.D.

(Physician or Midwife)

Address Payette Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 2 1918 S R L

S-Y CO., 16670

Registrar

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C - 15m-6-29-11

866-229 1014-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12292

County of Canyon

City of Berdings Island

Registration District No 22 File No.

No ....., ... St.

Primary Registration District No. 2005 Registered No. 221

Hospital .....

FULL NAME OF CHILD Lilah Hazel Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			yes	Mar. 29, 1913

FATHER	MOTHER
FULL NAME: J. Lee Howard	FULL MAIDEN NAME: Addie Windle
RESIDENCE: Berdings Island	RESIDENCE: With husband
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children, of this mother, now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. H. Avery

Physician

(Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Filed 4/1/13 19..... J. Rhoda Howard Registrar

SYMS - YORK CO., PTRS. & SDRS. 17328

Registrar

12-8-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 8 1 07 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12292

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Howard (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1913 (Date of Event)
in Canyon County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Lilah Hazel Howard

Subscribed and sworn to before me this 27TH day of June, 19 74.

William H. Kenagy

Notary Public, residing at PORTLAND, OREGON

My commission expires SEPT. 16, 1977

(Seal)

Signed Thomas H. Deas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3906 S.W. Willard Port. Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

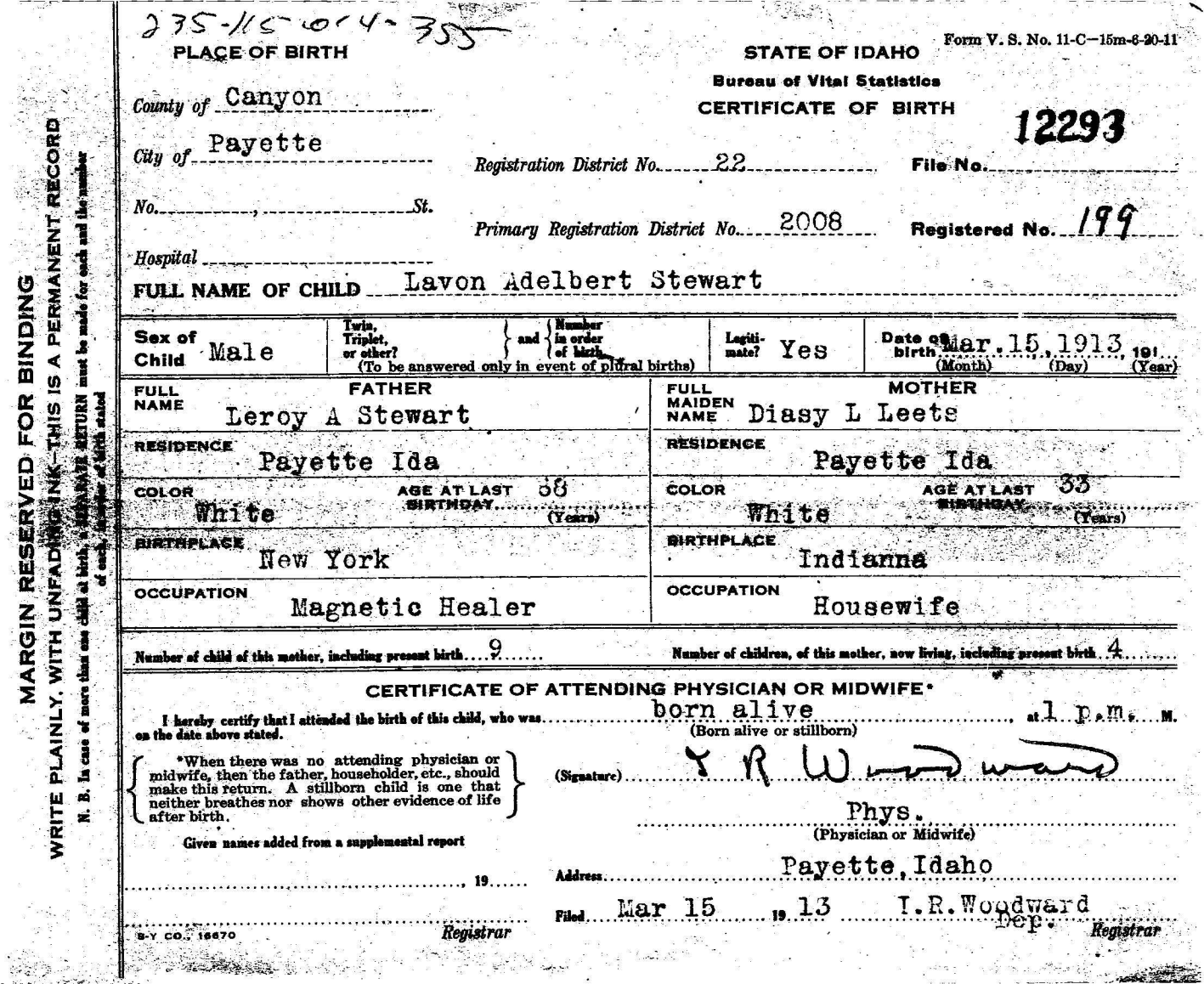
.....
(Street Address, City, State)

FORM DN 60-155

Grade school diploma from Idaho Public Schools of Adams County gives name as Lilah Hazel Howard dated April 24, 1928. viewed by V. S.

JUL 16 1974

Diploma from Council High school gives name as Lilah Hazel Howard. dated May 16, 1932. viewed by V. S.



275-115-0014-355

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12293

County of Canyon

City of Payette

Registration District No. 22 File No.

No. , St.

Primary Registration District No. 2008 Registered No. 199

Hospital

FULL NAME OF CHILD Lavon Adelbert Stewart

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar. 15, 1913

FATHER	MOTHER
FULL NAME: Leroy A Stewart	FULL MAIDEN NAME: Diasy L Leets
RESIDENCE: Payette Ida	RESIDENCE: Payette Ida
COLOR: White	AGE AT LAST BIRTHDAY: 58 (Years)
BIRTHPLACE: New York	COLOR: White
OCCUPATION: Magnetic Healer	AGE AT LAST BIRTHDAY: 33 (Years)
	BIRTHPLACE: Indianna
	OCCUPATION: Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 p. m., M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I R Woodward

Phys.
(Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 15 19 13 I.R.Woodward Dep.

Registrar

B-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

693-24-014-698

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12294

County of Canyon

City of Payette — Registration District No. 22 — File No.

No. ____, ____ St. — Primary Registration District No. 2008 — Registered No. 198

Hospital

FULL NAME OF CHILD Woodrow C. Fitch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Male			yes	Mar. 24, 1913

FATHER	MOTHER
FULL NAME: Scott M Fitch	FULL MAIDEN NAME: Mary Fryman
RESIDENCE: Payette Idaho	RESIDENCE: Payette Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 38 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 35 (Years)
BIRTHPLACE: Neb.	BIRTHPLACE: Neb.
OCCUPATION: Drayman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 6

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5.10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I R Woodward

Phys. (Physician or Midwife)

Address Payette, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar. 24 1913 19.....

I.R.Woodward Dep. Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

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FEB 12 1963

DUP OF 1913-315192

not

769-220-0[redacted]34

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Adams Steele

Registration District No. ~~6~~ 32 File No. 12295

No. ....., ... St.

Primary Registration District No. 21275 Registered No. 13

Hospital .....

FULL NAME OF CHILD Mary Ethel Goins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		3	Yes	1 - 20 1913

FATHER		MOTHER	
FULL NAME	William Howard Goins	FULL MAIDEN NAME	Anna Grazelda Clugston
RESIDENCE	Steele	RESIDENCE	Steele
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Tyle

(Physician or Midwife)

Address Peck

Given names added from a supplemental report

....., 19.....

Filed 4 - 8 - 1913 Elton B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 5 1953

766-102 [illegible]

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Near Steele

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ~~10~~ 32 / 2127

Primary Registration District No. ~~2075~~

File No. 12296

Registered No. 14

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		7	Yes	2 – 2 – 1913

FATHER		MOTHER	
FULL NAME	Eugene F Goffinet	FULL MAIDEN NAME	Frances E. Henne
RESIDENCE	Steele	RESIDENCE	Steele
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ind.	BIRTHPLACE	Ill
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Tyler M.D.

(Physician or Midwife)

Address Rural R

Given names added from a supplemental report

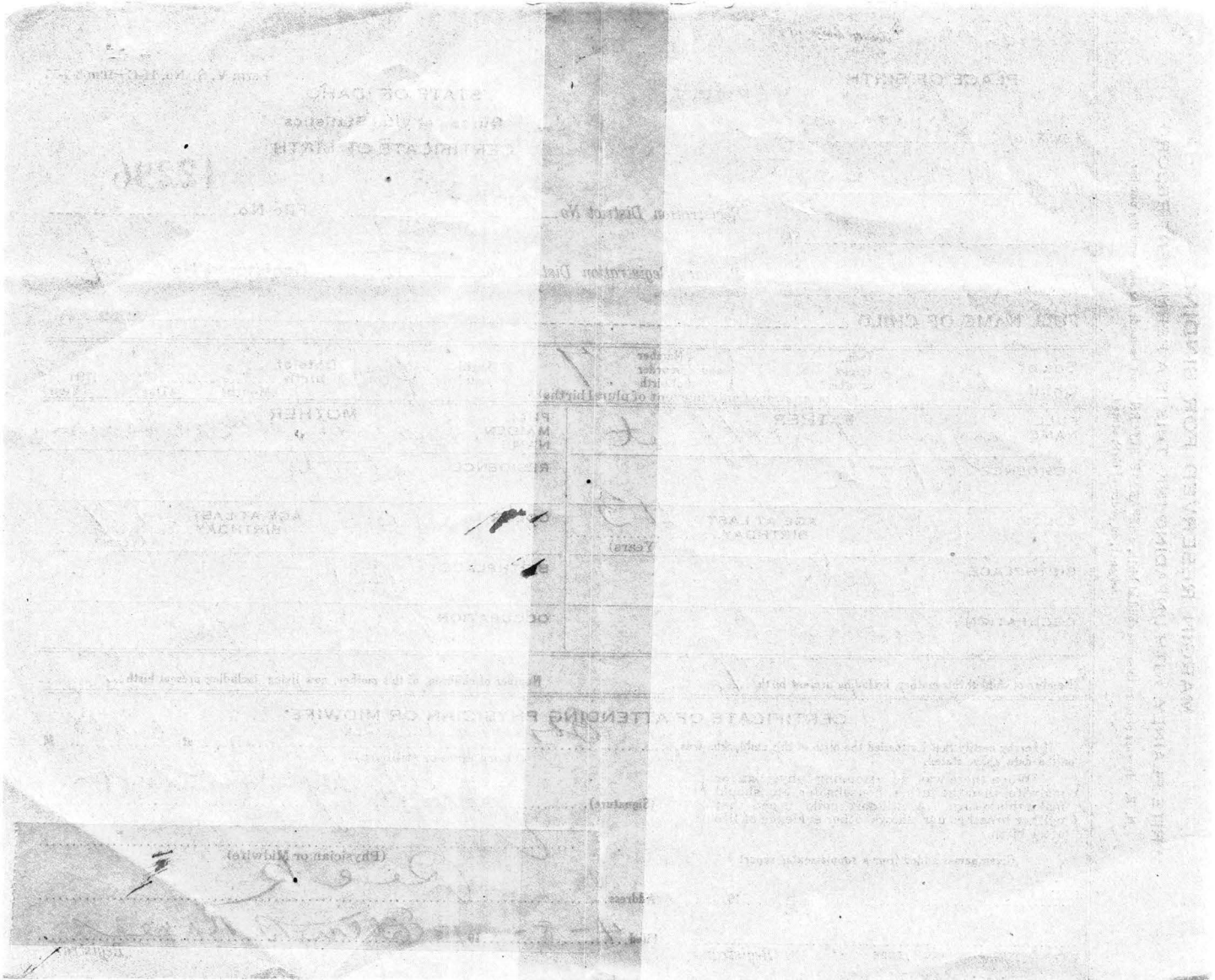
____, 19____

Filed 4 – 8 – 1913 Ellen B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

Registrar



765-201-031-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12297

County of Lewis

City of Mohler

Registration District No. 32 File No.

No. , St.

Primary Registration District No. 2127 Registered No. 13

Hospital

FULL NAME OF CHILD Norma Violet Gongeteig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		yes	March 1 1920

FATHER		MOTHER	
FULL NAME	Iver J. Gongeteig	FULL MAIDEN NAME	Francis Mason
RESIDENCE	Mohler, Idaho	RESIDENCE	Mohler
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Kansas
OCCUPATION	Merchant	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parmisle M. D.

Dlv Idaho

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 3-5- 1920 Edna B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

APR 7 1966

RESIDENCE	COLOR	AGE AT LAST BIRTHDAY (Years)
	White	20

NAME	COLOR	AGE AT LAST BIRTHDAY (Years)
	White	23
RESIDENCE		

638-203-031-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Vollmer *

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 12298

Registration District No. 32 File No. ____

Primary Registration District No. 2127 Registered No. 16

FULL NAME OF CHILD Ethel Francis Ochsner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 3, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George W. Ochsner	Fidella Hawley
RESIDENCE	Vollmer, Ida.	Vollmer, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Audubon, Minn.	Audubon, Minn.
OCCUPATION	Salesman - hardware	Housewife

Number of child of this mother, including present birth 3 2 1

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burta

Physician

(Physician ~~or Midwife~~)

Address Vollmer, Ida.

Given names added from a supplemental report

....., 19.....

Filed 4-5- 1913 Elsie B. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

11-10-41

339-20-031-457

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Leo

No. Click's Mill St.

Hospital

Registration District No. 32 File No. 12299

Primary Registration District No. 2137 Registered No. 17

FULL NAME OF CHILD Dora Mildred Click

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes.	3-7-1913

FATHER

FULL NAME Quincy R. Click

RESIDENCE Leo, Idaho

COLOR White AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Indiana

OCCUPATION Sawmill Owner

MOTHER

FULL MAIDEN NAME Dora P. DeArley

RESIDENCE Leo

COLOR White AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE Del

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3-10-1913 Elton B. Rogers
Registrar

S-Y CO. 20174

433-108-031-281

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kamiah

No. ____, ____ St.

Hospital ____

Registration District No. 32

Primary Registration District No. 2128

File No. 12300

Registered No. 18

FULL NAME OF CHILD Vardeen McCarty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	3 8, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	LLoyd McCarty	Elsie Shaw
RESIDENCE	Kamiah	Kamiah
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	24
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Farmer	House-wife

Number of child of this mother, including present birth 2

Number of childreg, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. McMahan

M.D.

(Physician or Midwife)

Address Kamiah, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3-14- 1913 Elsie M. Rogers
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 17 1971

235-104-031-915
PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Winchester — Registration District No. 32 — File No. 12301

No. ____ St. — Primary Registration District No. 2127 — Registered No. 19

Hospital ____

FULL NAME OF CHILD Charles Nat Stevens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	3-9-1919

FATHER		MOTHER	
FULL NAME	Chas. N. Stevens	FULL MAIDEN NAME	Ora Randall
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Moscow, Idaho
OCCUPATION	Manager Dry Goods Store	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton P. Rogers

Physician (Physician or midwife)

Address Winchester, Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-10-1919 Elton P. Rogers Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT

N. B. Be careful not to write one child at top, a SEPARATE PERSON must be made for each and the
of each, in order of birth stated.

693-11-037-6122

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Kletcher

Registration District No. 32 File No. 12302

No. ____, ____ St.

Hospital ____ Primary Registration District No. 2170 Registered No. 20

FULL NAME OF CHILD Shown, James William

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
male			yes	March 17 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Walter Shown	Ida Ruth Wasson
RESIDENCE	Kletcher	Kletcher
COLOR / AGE AT LAST BIRTHDAY	white / 36 (Years)	white / 34 (Years)
BIRTHPLACE	Tennessee	Tennessee
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Boyle

Physician (Physician or Midwife)

Address Talmer, Ida.

Given names added from a supplemental report

....., 19.....

Filed 4-5-1913 Elmer P. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted]

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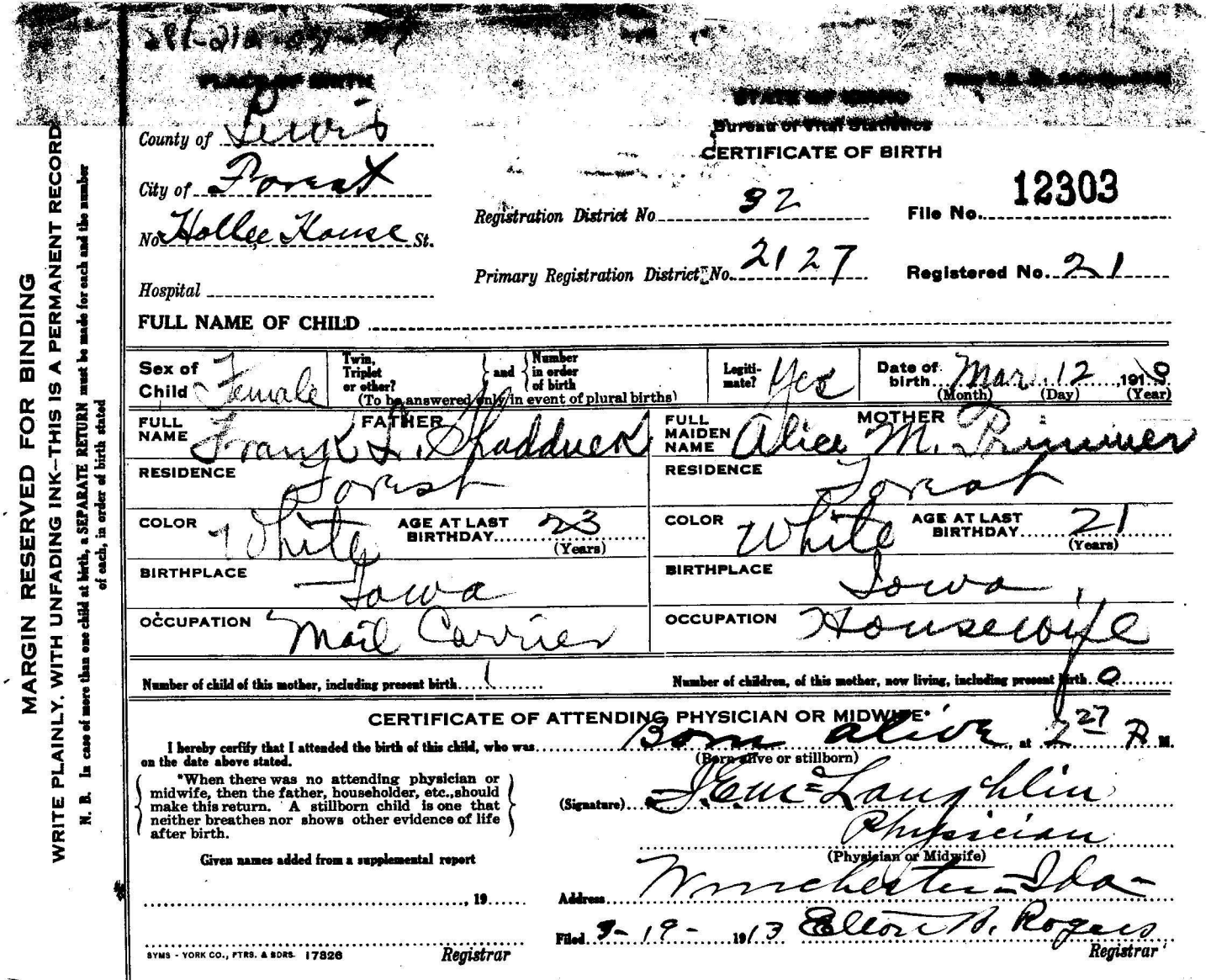

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IOWA

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lucas

City of Forest

No. Hollee House St.

Hospital

Registration District No. 92 File No. 12303

Primary Registration District No. 2127 Registered No. 21

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mar. 12 1910

	FATHER	MOTHER
FULL NAME	Frank L. Haddock	Alice M. Brunner
RESIDENCE	Forest	Forest
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Iowa	Iowa
OCCUPATION	Mail Carrier	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.27 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Laughlin

Physician

(Physician or Midwife)

Address Winchester Ida

Given names added from a supplemental report

....., 19.....

Filed 9-19-1913 Elbert B. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

PLACE OF BIRTH

STATE OF IDAHO

249-13-03-363

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Vallmer

No ____, ____ St.

Registration District No 32 File No. 12304

Primary Registration District No. 2127 Registered No. 22

Hospital ____

FULL NAME OF CHILD Thomas Franklin Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			Yes	March 13, 1913

FATHER		MOTHER	
FULL NAME	Lawrence Fuller Smith	FULL MAIDEN NAME	Laverna Cole
RESIDENCE	Vallmer	RESIDENCE	Vallmer, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Williamsport Pa.	BIRTHPLACE	Canton, Pa.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E L Burke M.D.

Physician

(Physician or Midwife)

Address Vallmer Ida.

Given names added from a supplemental report

____, 19____

Filed 4-5-1913 Ellen B. Rogers

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

967-113-231-285

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester Registration District No. 32 File No. 12305

No. St.

Primary Registration District No. 2127 Registered No. 23

Hospital

FULL NAME OF CHILD John Elton Rogers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	3-13-1913

FATHER	MOTHER
FULL NAME Elton P. Rogers	FULL MAIDEN NAME Catherine M. Alberty
RESIDENCE Winchester	RESIDENCE Winchester
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Ill.	BIRTHPLACE Penn.
OCCUPATION Physician	OCCUPATION Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton P. Rogers

Physician (Physician or midwife)

Address Winchester

Filed 3-19-1913 Elton P. Rogers Registrar

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

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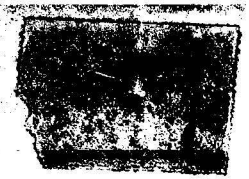
JUN 29 1943
JAN 10 1951

67-24-03-381



PLACE OF BIRTH

County of Lewis

City of Vollmer

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 22-C [illegible]

CERTIFICATE OF BIRTH

Registration District No 32 File No. 12306

Primary Registration District No. 2127 Registered No. 24

FULL NAME OF CHILD Viola Perle Ogden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female			yes	March 14

FATHER		MOTHER
FULL NAME	Louie Charles Ogden	FULL MAIDEN NAME Jessie Chapman
RESIDENCE	Vollmer, Ida.	RESIDENCE Vollmer, Ida
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE	Washington	BIRTHPLACE Nebraska.
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth.... 2 .....

Number of children, of this mother, now living, including present birth.... 2 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:20 A. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E. L. Burda

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Vollmer

Filed 4-3-1913 Elmer B. Rogers

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

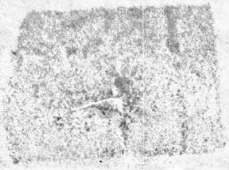
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 13 1944



386-119-031-24

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Flo

No. ____, ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

12307

Registration District No. 32 File No. ____

Primary Registration District No. 2127 Registered No. 25

FULL NAME OF CHILD Vernon Virgil Thomason

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
mail	one		yes	march 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lewis Sutton Thomason	Hanah Elyeth Skaggs
RESIDENCE	Flo	Flo
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	39
BIRTHPLACE	Arkansaw	Texas
OCCUPATION	farmer	domestic

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) on the date above stated. March 19; at ____ M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) mrs R. A. Lyle

Stites, Idaho, co. of Idho
(Physician or Midwife)

Given names added from a supplemental report

____, 19____

Address ____

Filed 9-24-1913 Elton D. Rogers
Registrar

____
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

253-21-0371-253

PLACE OF BIRTH

County of Lewis

City of Winchester

No. ____ St. ____

Hospital ____

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Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 12308

Primary Registration District No. 2127 Registered No. 26

FULL NAME OF CHILD Pauline May

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3-19-1913

FATHER		MOTHER	
FULL NAME	A. C. Kelsey	FULL MAIDEN NAME	Alice Bell
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Neb
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elmer B. Rogers

Physician (Physician or midwife)

Address Winchester

Given names added from a supplemental report

....., 19.....

Filed 3-19- 1913 Elmer B. Rogers Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

915-1191-031-437

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Kelo

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 32 File No. 12309

Primary Registration District No. 2127 Registered No. 27

FULL NAME OF CHILD Emanuel Cecil Henry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 19 1913

	FATHER	MOTHER
FULL NAME	Henry Clay Randall	FULL MAIDEN NAME anna June McCorkle
RESIDENCE	Kelo Idaho	Kelo Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	17
BIRTHPLACE	North Carolina	Oregon
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M. D.

(Physician or Midwife)

Address Kelo, Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-3-1913 Edward A. Rogers

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

RESIDENCE	Rio Grande
COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)

NAME	Mary Lou Rivera
RESIDENCE	Rio Grande
COLOR	White
AGE AT LAST BIRTHDAY	17 (Years)

Filed 4-3- 19 62

Registrar

795-230-031-469

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Lewis

City of Leo

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 32 File No. 12310

Primary Registration District No 2127 Registered No. 28

FULL NAME OF CHILD unnamed Mildred Fay

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 30 1913

	FATHER	MOTHER
FULL NAME	Walter A Freeman	FULL MAIDEN NAME Elsie D. Morton
RESIDENCE	Leo Idaho	RESIDENCE Leo, Idaho,
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE	Washington	BIRTHPLACE Oregon
OCCUPATION	Farmer	OCCUPATION housewife

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:20 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Parrish M.D.

(Physician or Midwife)

Address Leo Idaho.

Given names added from a supplemental report

....., 19.....

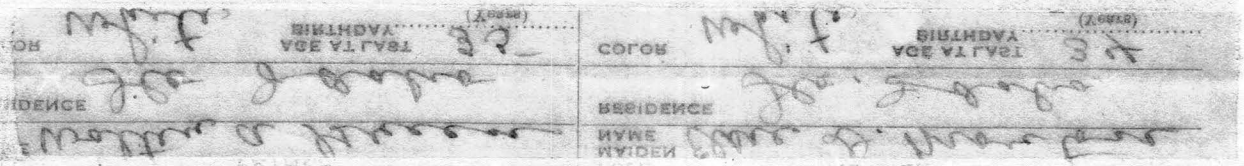
Filed 4-3-1913 Ellen D. Rees

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



034-230-031-962

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lewis

City of Winchester

Registration District No. 32 File No. 12311

No. ____ St.

Primary Registration District No. 212 Registered No. 29

Hospital ____

FULL NAME OF CHILD Opal Stuart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	3-30-1913

FATHER		MOTHER	
FULL NAME	O. T. Stuart	FULL MAIDEN NAME	Emma Roberts
RESIDENCE	Winchester	RESIDENCE	Winchester
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Georgia	BIRTHPLACE	Georgia
OCCUPATION	Saw-mill man	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 12.40 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elton B. Rogers

Physician
(Physician or ~~midwife~~)

Address Winchester

Given names added from a supplemental report

....., 19.....

Filed 3-30-1913 Elton B. Rogers
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 19 1962

MAR 15 1968

DECEASED

PLACE OF BIRTH

Form V. S. No. 11-B — Rev. 6-1-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Lewis

City of Valmer

No ____, ____ St.

Hospital ____

Registration District No 32 File No. 12312

Primary Registration District No. 2127 Registered No. 30

FULL NAME OF CHILD not Named Roy Sidney Raines

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mar 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Rufus Raines	Myrtle Trufflett
RESIDENCE	near Valmer	near Valmer
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	25
BIRTHPLACE	Fremont, Iowa.	Columbia Co. Wash.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O L Burton MD

Physician (Physician or Midwife)

Address Valmer Ida.

Given names added from a supplemental report

....., 19.....

Filed 4-5- 19 13 Elmer A. Rogers

Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 22 195

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

e-132.004-266

PLACE OF BIRTH

County of Bear Lake

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Dingle

Registration District No. 24

File No. 12313

No. _____ St.

Primary Registration District No. 2099

Registered No. 33

Hospital _____

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 22 1913

FATHER		MOTHER	
FULL NAME	Joseph Lewis	FULL MAIDEN NAME	L V Booth
RESIDENCE	Dingle	RESIDENCE	Dingle
COLOR	White	COLOR	W.
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Dingle	BIRTHPLACE	St Charles
OCCUPATION	Shepherman	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles and Dowdy Montpelier
(Physician or midwife)

Address Idaho

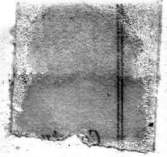
Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Mar. 27 1913 J W Kingsford Registrar

S-Y CO. 20174



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

9255417-004-48

PLACE OF BIRTH

County of Box Elder

City of Montpelier

No. ..... St.

Hospital .....

STATE OF UTAH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

12314

Registration District No. 24 File No. .....

Primary Registration District No. 2098 Registered No. 736

FULL NAME OF CHILD ELWOOD ALBERT HANSEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Feb 17 1913

FATHER		MOTHER	
FULL NAME	Albert Hansen	FULL MAIDEN NAME	Mable Boynton
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Montpelier	BIRTHPLACE	Oregon
OCCUPATION	Clerk	OCCUPATION	None

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ashley M. Cady

(Physician or midwife)

Address Montpelier

Given names added from a supplemental report

..... 19.....

Filed Mar 27 19 13 J. W. Hargrave Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 12314

Date Filed

The undersigned does solemly swear that certain facts on the certificate of Birth (Birth or ~~Death~~)
for Elwood Albert Hansen (Name on Original Certificate) who Was Born (Was Born ~~or Died~~) on Feb 17 - 1913 (Date of Event)
in Montpelier Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Church Record (Bible Record, Insurance Policy, Etc.) prepared on March 23 - 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elwood Albert Hansen

Subscribed and sworn to before me this 10
day of July, 1942.

Ken Acord

Notary Public, residing at Montpelier Idaho

My commission expires Dec 15-1945
(Seal)

Signed Mabel A. Hansen Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

1111 11 1949

JUL 1 3 1942

DEC 2 8 1953

APR 6 1954

68-2-8-054-774

Amended 1-22-64

(Be sure the information is complete and accurate)

State File No. 12315

Local Reg. No. 31

Reg. Dist. No. 24

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bear Lake

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bear Lake

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montpelier

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Lucile

b. (Middle):

c. (Last): Whinham

4. SEX: Female

5a. THIS BIRTH: SINGLE [x] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH (Month) (Day) (Year): February 18, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): James

b. (Middle):

c. (Last): Whinham

8. COLOR OR RACE: W.

9. AGE (At time of this birth): 24 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): England

11a. USUAL OCCUPATION: Workman

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Rosella

b. (Middle):

c. (Last): Grunig

13. COLOR OR RACE: W.

14. AGE (At time of this birth): 19 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Montpelier, Ida.

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. D. Cooley

18c. ADDRESS: Montpelier, Idaho

18b. ATTENDANT AT BIRTH: M. D. [x] MIDWIFE [ ] OTHER (Specify)

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: 3-27-1913

20. REGISTRAR'S SIGNATURE: J. W. Hayward

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this art with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in s case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of bi Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper cer cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

RECEIVED JAN 21 1964 Bureau of Vital Statistics

Certificate No. 12315

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Unnamed Whinham (male child) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 19, 1913 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Lucile Whinham
Sex of Child	Male	Female
Child's Date of Birth	Feb. 19, 1913	February 18, 1913

Subscribed and sworn to before me this 20th day of January, 1964

Ruth Aland

Notary Public, residing at Montpelier, Idaho

My commission expires March 6, 1964

(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1964

Signed Rosella Gruning Whinham (Mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

445 N 5th Montpelier Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th day of January, 1964

Ruth Aland

Notary Public, residing at Montpelier, Idaho

My commission expires March 6, 1964

(Seal)

RUTH ALAND
Notary Public
Montpelier, Idaho
My Commission Expires
March 6, 1964

Signed Elmer L Bringman
(Signature of Any Credible Person)

428 Jefferson Montpelier Idaho
(Street Address, City, State)

FORM DH 60-155 CL 12-2-63. nm

L.D.S. Church Cert. of Blessing, March 6, 1913 gives full name as Lucile Whinham, daughter of James Whinham and Rosella Grunig, born Feb. 18, 1913 at Montpelier, Idaho - viewed by V.S.

School Record of Age, Montpelier High School, Montpelier, Idaho - Class "A" School District #33 gives full name of student as Lucile Whinham, age 7 yrs. 6 mo. in Sept., 1919 date of birth is given as February 18, 1913 - school record has signed by H.W. Phillips - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form [illegible] 20m-6-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12315

Primary Registration District No. 2098 Registered No. 81

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Feb 19 1913

FATHER		MOTHER	
FULL NAME	James Shumway	FULL MAIDEN NAME	Rosella Simmons
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	England	BIRTHPLACE	Montpelier
OCCUPATION	Sh Workman	OCCUPATION	Wf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn), at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

[illegible] (Physician or midwife)

Address Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-27 1913 J W Shumway Registrar

8-Y CO. 20174

JAN 22 1964

795-171604-312

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12316

Primary Registration District No. 2098 Registered No. 30

FULL NAME OF CHILD Owen Emmett Preston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Feb 17 1913

FATHER

FULL NAME Burt Preston

RESIDENCE Montpelier

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Montpelier

OCCUPATION O & L Fireman

MOTHER

FULL MAIDEN NAME Ellen Lashbrook

RESIDENCE Montpelier

COLOR W AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Raymond

OCCUPATION W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ethel Lashbrook

(Physician or midwife)

Address Idaho

Given names added from a supplemental report

..... 19.....

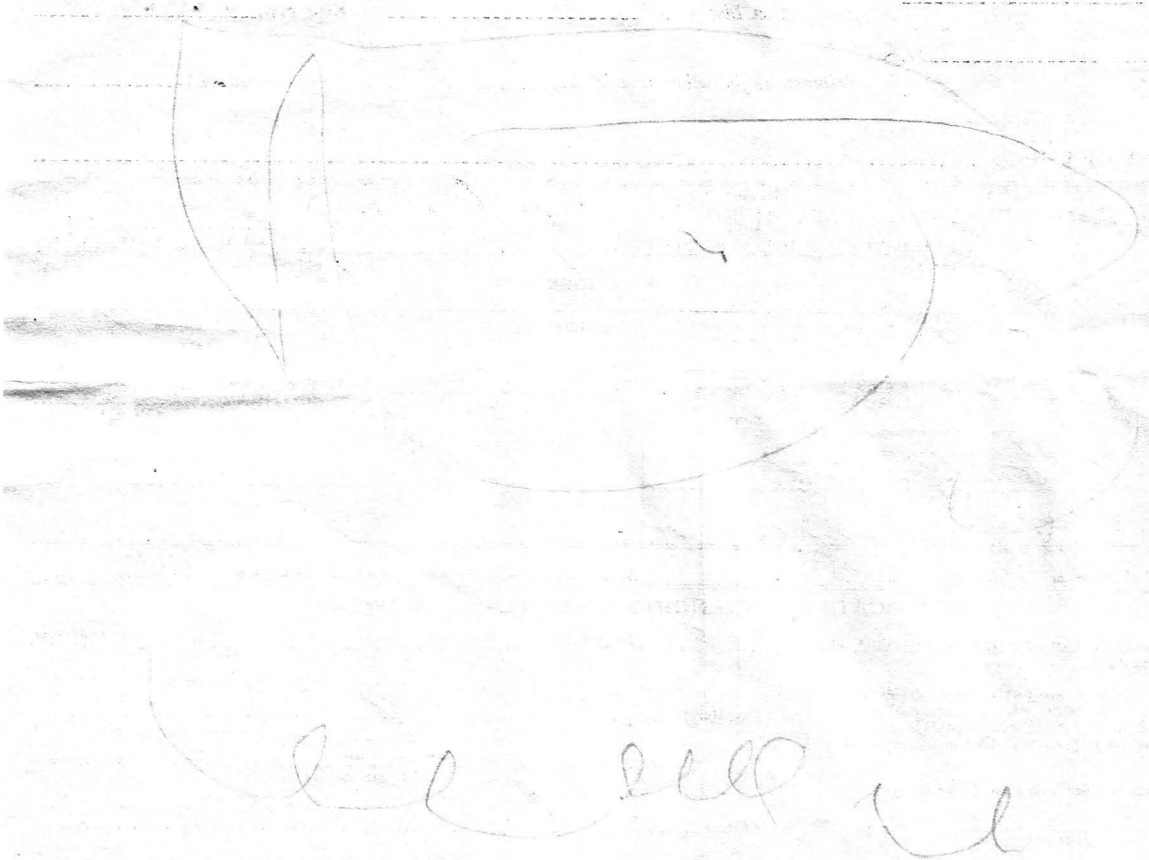
Filed 3-27- 19 13

J W Thompson
Registrar

..... Registrar

5-Y CO. 20174

MAR 6 1975



DUP OF 1915-353439

753-119-004-714

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12317

Primary Registration District No. 2094 Registered No. 29

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	No		Yes	Feb 19 191

FATHER		MOTHER	
FULL NAME	N. F. Eliason	FULL MAIDEN NAME	C. C. Carlson
RESIDENCE	Ovid	RESIDENCE	Ovid
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Ovid	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily Ann Brady

(Physician or midwife) .....

Address Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mar. 28 1913 J. W. Kingsford Registrar

6-Y CO. 20174

255 208 004-445

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

Registration District No 24 File No. 12318

Primary Registration District No. 2096 Registered No. 28

FULL NAME OF CHILD Georgina Bee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 8, 1913

FATHER		MOTHER	
FULL NAME	John Moxey Bee	FULL MAIDEN NAME	Sarah Rozelle Dunn
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Saleratus Creek, Utah	BIRTHPLACE	Bloomington, Idaho
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th.

Number of children, of this mother, now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:45 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma N. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed Feb 19 13

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 18 12 10 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12318

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Bee (Name on Original Certificate) who was born (Was Born or Died) on Feb. 8, 1913 (Date of Event)

in Georgetown (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	omitted	Georgina

Subscribed and sworn to before me this 17th day of September, 19 74

Notary Public, residing at Lowell

My commission expires 4-20-74

(Seal)

Signed Maud Bee Jeppson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism and Confirmation gives name as Georgina Bee daughter of John Bee and Rosella Dunn. Baptized June 5, 1921. L.D.S.Church.
Viewed by V.S.

SEP 18 1974

Certificate of Blessing issued by L.D.S.Church states that child, Georgina Bee was born Feb. 8, 1913 at Georgetown to John And Zella Dunn.
Viewed by V.S.

262-102-002-169

PLACE OF BIRTH

County of Adams

City of Indian Valley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. II-0 [illegible]

CERTIFICATE OF BIRTH

Registration District No. 48 File No. 12336

Primary Registration District No. 20 11 Registered No. 63

FULL NAME OF CHILD JOHN HOWARD BOBBITT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2nd	Yes	Jan 2 1913

FATHER	MOTHER
FULL NAME John O Babbett	FULL MAIDEN NAME Della Jordan
RESIDENCE Indian Valley	RESIDENCE Indian Valley
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 38 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Mo
OCCUPATION Rancher	OCCUPATION House Wife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schuyler M D

(Physician or midwife)

Address Cambridge Idaho

Filed June 5 1912 C E Schuyler Deputy Registrar

Frank R. Brown

Given names added from a supplemental report

..... 19....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-2-16-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

MAR

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of SAN DIEGO, } ss.

Certificate No. 12336

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for John Howard Bobbett (Name on Original Certificate) whos name was omitted who born (Was Born or Died) on January 2,1913 (Date of Event) in Cambridge,Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by NEW WORLD LIFE policy (Bible Record, Insurance Policy, Etc.) prepared on June 30 , 1935 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	John Howard Bobbitt

Subscribed and sworn to before me this 2nd day of March, 1942

Notary Public, residing at National City, Cal

My commission expires November 7th 1945

(Seal)

Signed Della I. Bobbitt

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1916 "I" Avenue, National City, Cal

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }
County of SAN DIEGO } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of March, 1942

Notary Public, residing at National City, Calif

My commission expires November 7th 1945

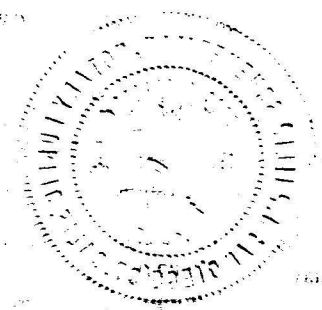
(Seal)

Signed John G Bobbitt

(Signature of Any Credible Person Other Than Previous Year)

1916 "I" Ave/ National City,Cal

(Street Address, City, State)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

53714.001-336

PLACE OF BIRTH

STATE OF IOWA

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Council Bluffs

Registration District No. 4

File No. 12337

No. ____, ____ St.

Primary Registration District No. 2017

Registered No. 69

Hospital

FULL NAME OF CHILD Paul Douglas Elliott

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Feb. 4, 1913

FATHER		MOTHER	
FULL NAME	Geo. Justice Elliott	FULL MAIDEN NAME	Margarette A Stoddard
RESIDENCE	Council Bluffs	RESIDENCE	Council Bluffs
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. L. Martin

(Physician or Midwife)

Address Council Bluffs

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 1 1913 Frank E Brown

Registrar

S-Y CO., 16670

MAR 10 1944

666-111-002-666

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Amended 7/9/13

County of Adams

City of Council

Registration District No. 2011

File No. 12338

No. _____ St.

Primary Registration District No. 4

Registered No. 64

Hospital _____

FULL NAME OF CHILD Nolan Woods

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—		—	Yes	2 — 11 — 1913

FATHER		MOTHER	
FULL NAME	John Woods	FULL MAIDEN NAME	Ceal Woodland
RESIDENCE	Council	RESIDENCE	Council
COLOR	Whs	AGE AT LAST BIRTHDAY (Years)	34
COLOR	Whs.	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Arkan	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W J

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E. Brown

(Physician ~~or midwife~~)

Address

Given names added from a supplemental report

..... 19.....

Filed 2-12-1913 Frank E. Brown Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Recorded 7/9/74

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS JUL 8 4 42 PM '74

State of Idaho
County of Adams

Certificate No. 12338

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Nollen Woods (Name on Original Certificate) who was born (Was Born or Died) on Feb. 11, 1913 (Date of Event)
in Council, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by family records (Bible Record, Insurance Policy, Etc.) prepared on at time of birth (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's first name	Nollen	Nolan

Subscribed and sworn to before me this 3rd day of July, 1974

Notary Public, residing at Council, Idaho
My commission expires April 13 1975
(Seal)

Signed Edith McKinnon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 125 Council, Idaho 83612
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

CL 6/28/74 lcc pd. rec. #10705.

Family Bible record gives name as Nolan Woods born Feb 11, 1913
viewed by V. S.

Census Marshalls report for 1922, Oct.7, 1922.for County of Adams gives name as ~~NOLAN~~ Nolan Woods born Feb. 11, 1913. father's name given as Goodrich Woods.
viewed by V. S.

JUL 10 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Maryboro Madison

No. ____, ____ St.

Hospital ____

Registration District No. 4 4

Primary Registration District No. 2013

File No. 12339

Registered No. 68

FULL NAME OF CHILD Grace LaFay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Feb 5th 1913

FATHER		MOTHER	
FULL NAME	Burt LaFay	FULL MAIDEN NAME	Alma Agee
RESIDENCE	McCall Ida.	RESIDENCE	McCall Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Oregon.
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Martin M.D.

(Physician or ~~Midwife~~)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 3-10 19 13 Frank E Bon Registrar

S-Y CO., 16670

OCT 19 1956

JAN 17 1972

61-224-002-795

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

Registration District No. 4

File No. 12340

No. ____, ____ St.

Primary Registration District No. 2012

Registered No. 66

Hospital ____

FULL NAME OF CHILD Evelyn Ruth Waugh

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb 24 1913

	FATHER	MOTHER
FULL NAME	Herman D Waugh	FULL MAIDEN NAME Eva Green.
RESIDENCE	New Meadows	RESIDENCE New Meadows.
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY 32. (Years)
BIRTHPLACE	West Virginia	BIRTHPLACE Oregon.
OCCUPATION	Farmer	OCCUPATION Housewife.

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2-40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 3-14 — 1913 Frank E Brown Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 21 1952

NOV 25 1958

NOV 28 1952

243-101-002-269

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

No. ____, ____ St.

Hospital ____

Registration District No. 4 File No. 12341

Primary Registration District No. 2112 Registered No. 67

FULL NAME OF CHILD Jack F. Buckles

Sex of Child	Twin, Triplet, or other?	and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mch. 1st 1913

FATHER		MOTHER	
FULL NAME	Hymer L. Buckles.	FULL MAIDEN NAME	Emma Jeppels.
RESIDENCE	New Meadows, Ida.	RESIDENCE	New Meadows
COLOR	White	AGE AT LAST BIRTHDAY (Years)	35
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Kansas	BIRTHPLACE	Tennessee
OCCUPATION	Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. McAtee M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

Filed 3-14-1913 Frank E. Brown

Registrar

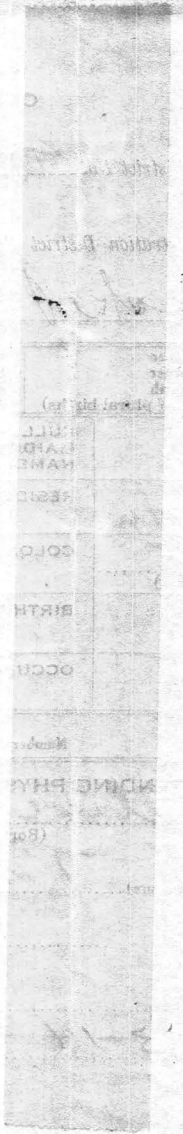
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



DuPont 913-20112

168-120-602-343

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kidaman

City of New Meadows

No. ____, ____ St.

Hospital ____

Registration District No. 4

Primary Registration District No. 2112

File No. 12343

Registered No. 70

FULL NAME OF CHILD George J Smart

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mch 20, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry J Smart	Ethel Chick
RESIDENCE	New Meadows Idaho	New Meadows Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	33	35
BIRTHPLACE	Norfolk Eng	Norfolk Eng
OCCUPATION	Cabinet Maker	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Martin MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mar 15 1913 Frank E. Brown

Registrar

S-Y CO., 16670

43-12C-002-312

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Adams

City of Council

No. ..... St.

Hospital .....

Registration District No. 4 File No. 12344

Primary Registration District No. 211 Registered No. 32

FULL NAME OF CHILD Frank Forrest

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	\		X	yes	May 20 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry McMillan	FULL MAIDEN NAME	Ada Lakey
RESIDENCE	Council	RESIDENCE	Council
COLOR	whr	COLOR	whr
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Hwf

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or mid-wife~~)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Mar 21 1913 Frank E Brown

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 4 1970

632-126 264

PLACE OF [redacted]

County of Idaho

City of Grangeville

No. / St.

Hospital /

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 12345

Primary Registration District No. 1001 Registered No. 261

FULL NAME OF CHILD Kenneth Jennings

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	/	Yes	Mch. 26 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Julius M. Olson	FULL MAIDEN NAME	Eva Bourland
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Furniture & Undertaking Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jesse L. Rains

(Physician ~~or midwife~~)

Address

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch. 26 1913 Jesse L. Rains Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 21 1964

765 127.025-279

PLACE OF BIRTH

Form V. S. No. 11-C—Rev. 8-1-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kentonville Precinct

Registration District No ~~2042~~ 10 File No. 12346

No. ....., ... St.

Primary Registration District No. ~~X~~ 2047 Registered No. 262

Hospital .....

FULL NAME OF CHILD Andrew Lorenz Goeckner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	July 24 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Goeckner	FULL MAIDEN NAME	Therese Sprute
RESIDENCE	Kentonville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

(Physician or ~~Midwife~~)

Address Kentonville Idaho

Given names added from a supplemental report

....., 19.....

Filed March 3 1913 Jesse E Rains Registrar

per Blake Sub Reg

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)

315-121-025 319

PLACE OF BIRTH

County of Idaho

City of Whitebird

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 10 File No. 12347

Primary Registration District No. 2041 Registered No. 263

FULL NAME OF CHILD Lane, Cecil Carr Lane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
m	no		yes	Jan 21 1913

	FATHER	MOTHER
FULL NAME	William L Lane	FULL MAIDEN NAME Harriett A Carr
RESIDENCE	Whitebird Ida	RESIDENCE Whitebird Ida
COLOR	white	COLOR white
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE	Washington	BIRTHPLACE Idaho
OCCUPATION	Freighter	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at ____ M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Corbett M.D.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

____, 19____

____ Registrar

Address ____

Filed Mch 16 1913 Jesse L Raines Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF BIRTH

483-227-025-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kenteville Precinct

Registration District No 10 ~~2042~~ File No. 12348

No. ....., ... St.

Primary Registration District No. ~~2042~~ Registered No. 264

Hospital .....

FULL NAME OF CHILD Mary Elizabeth Theresa Uhlenkott

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	July 27, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	August Uhlenkott	Anna Schreiber
RESIDENCE	Kenteville Idaho	Same
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	20 (Years)
BIRTHPLACE	Minn	Wis
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

(Physician or Midwife)

Address Kenteville, Idaho

Given names added from a supplemental report

....., 19.....

Filed Dec 3 1913 Jesse E Ramsey Registrar

for H B Blake Sub Reg

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

213-124-025-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kenteroville

No ____, ____ St.

Hospital ____

Registration District No ~~2043~~ 10 File No. 12349

Primary Registration District No ~~20~~ 2042 Registered No. 265

FULL NAME OF CHILD Clyde Lewis Saloman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Feby 24 1913

FATHER		MOTHER	
FULL NAME	George A Saloman	FULL MAIDEN NAME	Ida May Williams
RESIDENCE	Kenteroville Idaho	RESIDENCE	Same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Col
OCCUPATION	Laborer	OCCUPATION	Hwife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 10:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H B Blake

Physician (Physician or Midwife)

Address Kenteroville Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 3rd 1913

Jesse L Rains Registrar

by H B Blake Deputy

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

SEP 18 1952

96 X 104 025-214

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-3-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Kenteroville

No ....., ... St.

Hospital .....

Registration District No 2042 10 File No. 12350

Primary Registration District No 2042 Registered No. 264

FULL NAME OF CHILD Unnamed (died 1½ hours after birth)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Male			Yes	Dec 4 [illegible]3

	FATHER	MOTHER
FULL NAME	Frederick Romain	FULL MAIDEN NAME Josepha Kauffmann
RESIDENCE	Kenteroville Idaho	RESIDENCE Same
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE Ill
OCCUPATION	Farmer	OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5.0 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Henry B Blake

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Kenteroville Idaho

Filed Dec 5 1913 Jesse E Rains

per Blake Sub

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

CERTIFICATE OF BIRTH

259-21-025-815

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12351
Local Reg. No. 267
Reg. Dist. No. 10

Amended 11/1/74

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ferdinand (village)

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Ferdinand

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Edith b. (Middle): Mabel c. (Last): Kerr

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Jan. 13, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Leonard b. (Middle): M. c. (Last): Kerr

8. AGE (At time of this birth): 43 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Tenn.

10. USUAL OCCUPATION: Confechioner

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Ida b. (Middle): c. (Last): Hanson

13. AGE (At time of this birth): 38 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Minnesota

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. D. Shinnick

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Cottonwood, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: March 5, 1913

22. REGISTRAR'S SIGNATURE: Jesse S. Rains

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-17

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Ferdinand (Village)

Registration District No. 10 File No. 12351

No. ——, ——— St.

Primary Registration District No. 2042 Registered No. 267

Hospital —

FULL NAME OF CHILD Edith Rose

Sex of Child: Female	Twin, Triplet or other? — and Number in order of birth — (To be answered only in event of plural births)	Legitimate? yes	Date of birth: Jan 19 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Louis M. Rose	FULL MAIDEN NAME	Ida Hanson
RESIDENCE	Cottonwood Idaho	RESIDENCE	Ferdinand Idaho
COLOR	White	AGE AT LAST BIRTHDAY	43 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Texas	BIRTHPLACE	Minnesota
OCCUPATION	Confectioner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. D. Shinnick M.D.

(Physician or Midwife)

Address Cottonwood Idaho

Given names added from a supplemental report

....., ..., 19....

Filed Dec 5th 1913

Jesse L. Ramo Registrar

per Blake Sub Reg

SYMS - YORK CO., PTRS. & SDRS. 17326 Registrar

PLACE OF BIRTH

STATE OF UTAH

Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS OCT 22 TH '74

State of ..... } ss.
County of .....

Certificate No. 12351

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Edith Kerr (Name on Original Certificate) who was born (Was Born or Died) on Jan. 13, 1913 (Date of Event)

in Ferdinand, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Edith Kerr	Edith Mabel Kerr
Full Name of Father	Louis M. Kerr	Leonard M. Kerr

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of [illegible] } ss.
County of [illegible]

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of [illegible], 1974

[illegible]
Notary Public, residing at [illegible]
My commission expires 6-8-76
(Seal)

Signed Lloyd L. Kerr
(Signature of Any Credible Person)

306 So Ethelene Kellogg Ida.
(Street Address, City, State)

FORM DH 60-155 CL 11-14-62. nm

NOV 1 1974

Family Bible record gives child's name as Edith Mabel Kerr born in Ferdinand born on Jan. 13, 1913. viewed by V. S.

Family record gives name as Edith Mabel Kerr born Jan. 13, 1913 at Ferdinand, Ida Idaho. father's name given as Leonard Malcomb Kerr andmother's name as Ida Hanson statement if dated July 8, 1948. viewed by V. S.

695-213-025-695

PLACE OF BIRTH

Precinct Records

STATE OF IDAHO

Form V. S. No. 511—Rev. 1-1-21

County of Idaho

CERTIFICATE OF BIRTH

City of ~~Village~~ Precinct

Registration District No. ~~2042~~ 10 File No. 12352

No. ....., ... St.

Primary Registration District No. ~~2042~~ Registered No. 268

~~Hospital~~ Home

FULL NAME OF CHILD No name Alice Orvis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	~	~	No	Feb 13, 1913

FATHER		MOTHER	
FULL NAME	Dont Know.	FULL MAIDEN NAME	Libby Orvis.
RESIDENCE	~	RESIDENCE	Denver, Idaho
COLOR	~	COLOR	White
AGE AT LAST BIRTHDAY (Years)	~	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	~	BIRTHPLACE	Dont Know
OCCUPATION	~	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a M. on the date above stated.

(Signature) J. D. Shinnick M. D.

(Physician or Midwife)

Address Cottonwood Idaho.

Filed Mch 5th 1913 Jesse E. Rains Registrar

by Blanche Sue Rees

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

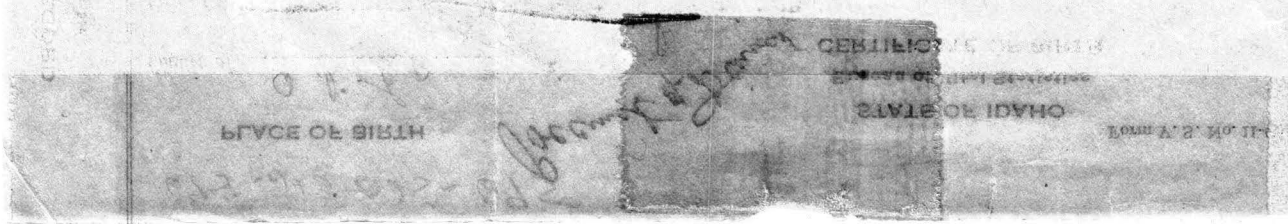
SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Certified Copy issied 3-5-41. D.W.



866-105-025-389

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—1m-6-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Wallace Green Creek

Registration District No. ~~2045~~ 10 File No. 12353

No. ____, ____ St.

Primary Registration District No. ~~2045~~ 2047 Registered No. 269

Hospital ____

FULL NAME OF CHILD Maurice Rodine Hoffmon

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	3-5-1913

FATHER		MOTHER	
FULL NAME	Joseph Hoffmon	FULL MAIDEN NAME	Bernadine Parker
RESIDENCE	Green Creek Idaho	RESIDENCE	Green Creek Idaho
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minnesota
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive 3-5-1913 at 12 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. D. Shinnick M.D.

(Physician or ~~Midwife~~)

Address Coeur d'Alene Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 10 1913

Jesse E. Ramo Registrar

per Blake Sub Regt

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

766-104-025-818

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 12354

Primary Registration District No. ~~2042~~ 2042 Registered No. 270

FULL NAME OF CHILD William David Goodhue

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 4, 1913

FATHER		MOTHER	
FULL NAME	Ira D. Goodhue	FULL MAIDEN NAME	Kate Hayes
RESIDENCE	Cottonwood, Ida.	RESIDENCE	Cottonwood, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Ohio
OCCUPATION	Photographer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 40 a. M. on the date above stated.
(Born alive or stillborn)

(Signature) J. W. Turner

(Physician or midwife)

Address Cottonwood, Idaho.

Filed March 10 19 13 Jesse E. Rains Registrar
per Blake Sub Regt.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 5 1942

FEB 3 1943

APR 1 1943

419-103-025-942

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Cottonwood

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~Lewis~~ 10 File No. 12355

Primary Registration District No. ~~10~~ 2042 Registered No. 271

FULL NAME OF CHILD Aubra Owen Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 3rd 1913

FATHER

FULL NAME Archer O. Martin

RESIDENCE Cottonwood, Idaho

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Kansas.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nora Imbler

RESIDENCE Cottonwood, Idaho

COLOR White AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9.03 P. M. on the date above stated.

(Signature) J. H. Turner

(Physician ~~or midwife~~)

Address Cottonwood, Idaho

Filed Mch 18 1913

Jesse E Rains Registrar
per Ocie Sub Reg

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 12 1943

APR 8 1976

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

41-209-025-698

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Idaho

City of Ferdinand

No. ____ St.

~~Hospital~~ Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~2042~~ 10 File No. 12356

Primary Registration District No. ~~20~~2042 Registered No. 272

FULL NAME OF CHILD Laura May Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 9 1913

FATHER		MOTHER	
FULL NAME	Edlery F Martin	FULL MAIDEN NAME	Blanche S. Fry
RESIDENCE	Ferdinand	RESIDENCE	Ferd
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Springfield Kansas	BIRTHPLACE	Grancad Mo.
OCCUPATION	Farming	OCCUPATION	House wife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Ikley F. Orr

(Physician ~~or midwife~~)

Address Pottonwood Idaho

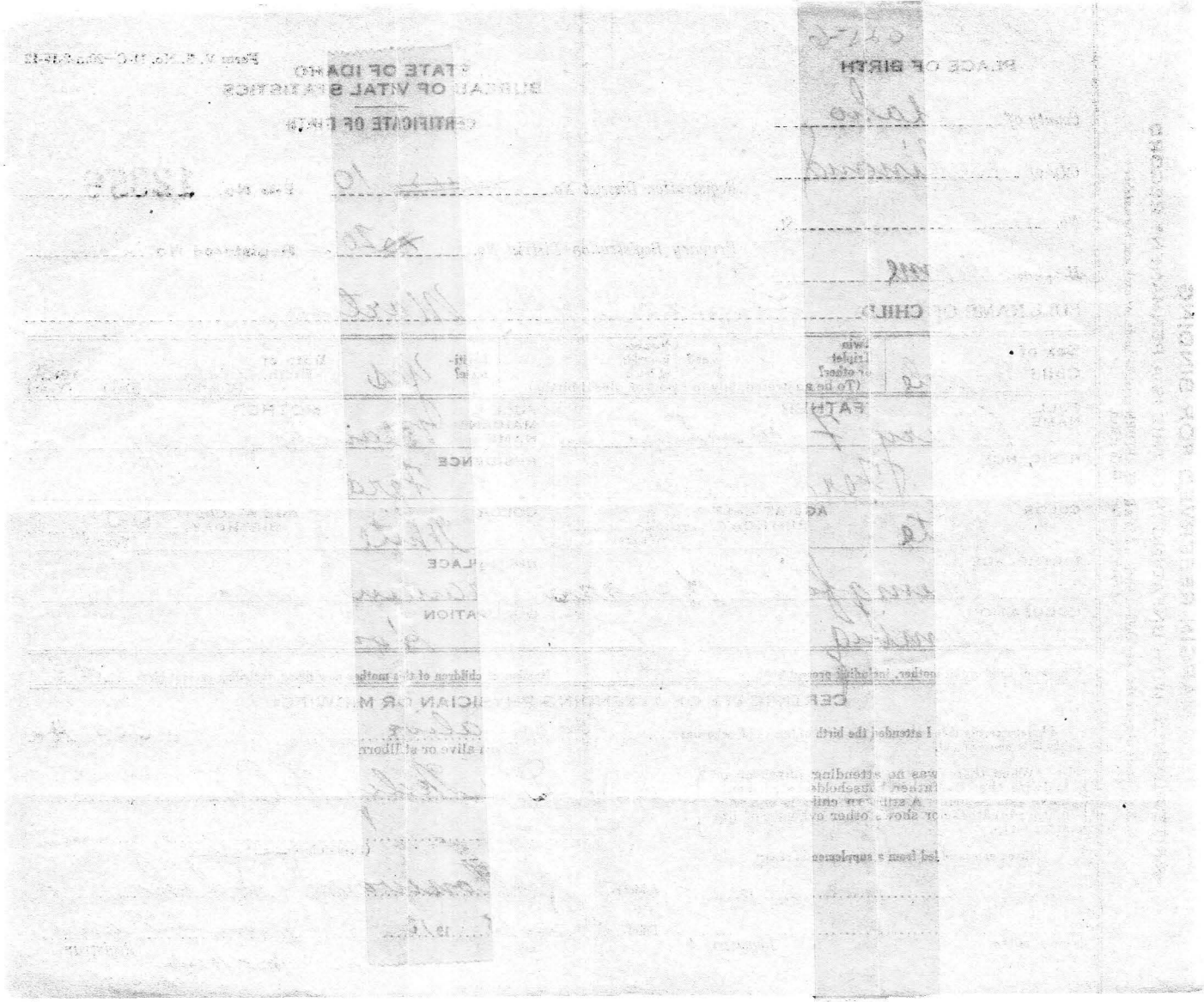
Given names added from a supplemental report

....., 19.....

Filed Mch 18 1913 Jesse E Rams Registrar

per Blake Sub Reg.

S-Y CO. 20174 Registrar



75-28-025-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Idaho

~~City of~~ Village of Kenterville Registration District No. ~~2042~~ 10 File No. 12357

No. ..... St. Primary Registration District No. ~~2042~~ Registered No. 273

Hospital .....

FULL NAME OF CHILD Hilda Viola Pedersen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mch. 28th, 1913

FATHER		MOTHER	
FULL NAME	Hans Pedersen	FULL MAIDEN NAME	Hilga Wilhelmina Carlson
RESIDENCE	Kenterville	RESIDENCE	Kenterville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Sweden
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.00 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Turner

(Physician ~~or midwife~~)

Address Cottonwood, Idaho.

Given names added from a supplemental report

.....19.....

Filed Mch 31 1913 Jesse L. Rains Registrar

.....Registrar per Blake Sub Regr

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 5 1971

551-218-025-366

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Whitebird

No _____, _____ St.

Hospital _____

Registration District No 10 File No. 12358

Primary Registration District No 2041 Registered No. 274

FULL NAME OF CHILD Emma Gladin Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Mar 16 1913

FATHER		MOTHER	
FULL NAME	John Evans	FULL MAIDEN NAME	Virginia Gauther
RESIDENCE	Whitebird	RESIDENCE	Whitebird Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Glenelder Kansas	BIRTHPLACE	Whitebird Ida
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Fossett

Physician

(Physician or Midwife)

Address Whitebird

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed April 2 1913 Jesse L Cain

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

966-124-025-795

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Stites

Registration District No. 2401 10

File No. 12359

No. Bridge St.

Primary Registration District No. 2101

Registered No. 275

~~Hospital~~ Home

FULL NAME OF CHILD Melvin Rooney

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 / 24 / 1913

FATHER		MOTHER	
FULL NAME	John C Rooney	FULL MAIDEN NAME	Maud Prettyman
RESIDENCE	Stites	RESIDENCE	Stites
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Washington
OCCUPATION	Business	OCCUPATION	Domestic

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs G C Perefull

(Physician or Midwife)

Address Stites Idaho

Given names added from a supplemental report

....., 19.....

Filed April 3 1913

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 15 1941

399-23-025-819

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10

File No. 12361

No. ____, ____ St.

Primary Registration District No. 2044

Registered No. 277

Hospital ____

FULL NAME OF CHILD Elmer Lee

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 23, 1913

FATHER		MOTHER	
FULL NAME	William Crim	FULL MAIDEN NAME	Myrtle Harper
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Missouri
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 9:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stratton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed April 4 1913 Jesse L. Raines

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. II-C-15m-6-39-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

717-24-0085-869

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Granville Registration District No. 10 File No. 12362

No. ____, ____ St. Primary Registration District No. 20444 Registered No. 278

Hospital ____

FULL NAME OF CHILD Gertrude Evelyn Gager

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	March 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester C Gager	Nellie I Horning
RESIDENCE	Granville	Granville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	24
BIRTHPLACE	Washington	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Sheckler

(Physician or ~~Midwife~~)

Address Granville, Ida.

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 4 1913 Jesse L. Rains

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 14 1962

APR 1 1 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

719-113-025-619

PLACE OF BIRTH

Form V. S. No. [illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10 File No. 12364

No. ____, ____ St.

Primary Registration District No. 2044 Registered No. 780

Hospital ____

FULL NAME OF CHILD Edgar Parks

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mch 13, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George a Parks	Pearl B Warden
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	Illinois	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12-40 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19....

Registrar

Filed April 4 1913 Jesse L. Rains

Registrar

S-Y CO., 16670

Form V. S. No. II-Q- Jan-4-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Idaho

City of

194-183-525-957

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12365
Local Reg. No.
Reg. Dist. No. 10

Amended 7/9/74

1. PLACE OF BIRTH

a. COUNTY: Idaho

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grangeville

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Idaho

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Grangeville

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Jack b. (Middle): S. c. (Last): Brust

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE ____ TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	March 23, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): James b. (Middle): F. c. (Last): Brust

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
45 YEARS	Ohio	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Pearl b. (Middle): c. (Last): Inglish

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
36 YEARS	Illinois	1		

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: G. S. Stockton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Grangeville, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 4, 1913

22. REGISTRAR'S SIGNATURE: Jesse L. Rains

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

294 - 123025-957

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12365

County of Idaho

City of Grangeville

Registration District No. 10

File No.

No. ____, ____ St.

Primary Registration District No. 2044

Registered No. 281

Hospital

FULL NAME OF CHILD Louis Ellis

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 23 1913

FATHER		MOTHER	
FULL NAME	James F Ellis	FULL MAIDEN NAME	Pearl English
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	43	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Ohio	BIRTHPLACE	Illinois
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed April 4 1913 Jesse L. Rains
Registrar

S-Y CO., 16670

JUL 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 5 | 19 PM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Idaho

Certificate No. 12365

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Louis Glen Brust (Name on Original Certificate) who was born (Was Born or Died) on March 23, 1913 (Date of Event)
in Grangeville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Louis Glen Brust	Jack S. Brust

Subscribed and sworn to before me this 2 day of July A.D. 1974

Notary Public, residing at Grangeville Idaho

My commission expires 11-28-76

(Seal)

Signed Jack S. Brust
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Star Rt. Box Bird Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Idaho

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2 day of July A.D. 1974

Notary Public, residing at Grangeville Idaho

My commission expires 11-28-76

(Seal)

Signed Charlotte Brust
(Signature of Any Credible Person)

Star Rt. Box Bird Idaho
(Street Address, City, State)

FORM DH 60-155

CL 6/28/74 lcc pd. rec. # 10662

Ins. App. to Sun Life Assurance Co. of Canada gives name as Jack S. Brust. dated July 28, 1941. ~~born~~ voewedby V. S.

Permenent Record from Lewiston Senior High school gives name as Jack Brust. born Mar. 23, 1913 at Grangeville, date of graduation May 16, 1934. viewed by V. S.

362-217-025-244

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

Registration District No. 10

File No. 12366

No. ____, ____ St.

Primary Registration District No. 2044

Registered No. 282

Hospital ____

FULL NAME OF CHILD Milly MILLICENT COSAND

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 17, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert S Cosand	Lena V Sumpter
RESIDENCE	Grangeville	Grangeville
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	43	36
BIRTHPLACE	Iowa	Oregon
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 6 a. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19....

Filed April 4 1913 Jesse L. Rains

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Spokane }

Certificate No. 12366

Date Filed 6/6/1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Milly Cosand (Name on Original Certificate) who was born (Was Born or Died) on March 17,1913 (Date of Event)
in Grangeville,Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 17,1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Milly	Millicent Cosand

Subscribed and sworn to before me this
day of June 6, 1942
Lorraine D. Peterson
Notary Public, residing at Spokane,Washington
My commission expires Feb. 2nd, 1946.
(Seal)

Signed Lena V Farmer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
424 W Mansfield Ave,Spokane,Wash
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th
day of June 1942.
Lorraine D. Peterson
Notary Public, residing at Spokane, Wash.
My commission expires Feb. 2nd, 1946.
(Seal)

Signed Ruth Cosand
(Signature of Any Credible Person Other Than Previous Year)
1020½ W. Sprague Ave., Spokane, Wash.
(Street Address, City, State)

JUN 9 1942

JUN 1 2 1942

213-102-025-257

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

Registration District No. 10 File No. 12367

Primary Registration District No. 1001 Registered No. 783

FULL NAME OF CHILD Roscoe Tendil Batty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 2, 1913

FATHER		MOTHER	
FULL NAME	Roy E Batty	FULL MAIDEN NAME	Hazel M Knapp
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 4 1913 Jesse L. Rains

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 2 7 1954

515-205-025-399

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

12368

Registration District No. 10 File No. ____

Primary Registration District No. 1001 Registered No. 284

FULL NAME OF CHILD Estella Lucille Van Matre

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Mch 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	O. Frank Van Matre	Elsie Criddlebaugh
RESIDENCE	Grangeville	Grangeville
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Nebraska	Nebraska
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stricklin

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed April 4 1913 Jesse L. Rains Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 27 1956

863-208-025-433

PLACE OF BIRTH

County of Idaho

City of Grangeville

No. ____, ____ St.

Hospital ____

FULL NAME OF CHILD

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 10

File No. 12369

Primary Registration District No. 2044

Registered No. 285

Naomi Catherine Holzer

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 8, 1913

FATHER		MOTHER	
FULL NAME	Frank H. Holzer	FULL MAIDEN NAME	Harriet V McCall
RESIDENCE	Grangeville	RESIDENCE	Grangeville
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ohio	BIRTHPLACE	Wisconsin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:05 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. S. Stockton

(Physician or ~~Midwife~~)

Address Grangeville Idaho

Given names added from a supplemental report

....., 19.....

Filed April 4 1913 Jesse L. Rains Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 13 1943

396-225-025-464

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Idaho

City of —

No —, St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 10 File No. 12370

Primary Registration District No 2044 Registered No. 286

FULL NAME OF CHILD Mildred Bernice Cross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	March 25 1913

FATHER		MOTHER	
FULL NAME	Lazza Stewart Cross	FULL MAIDEN NAME	Luella Rode
RESIDENCE	Idaho County	RESIDENCE	Idaho County
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Illinois
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 5 30 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. N. Slusser M.D.

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed April 4 1913 Jesse L. Rains

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 3 1943

249-127025-433

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Idaho

City of Mt Idaho

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 10 File No. 12371

Primary Registration District No. 2044 Registered No. 287

FULL NAME OF CHILD Freddie Smith

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	March 27 1913

FATHER		MOTHER	
FULL NAME	Robert Smith	FULL MAIDEN NAME	Rhoda McLean
RESIDENCE	Mt Idaho	RESIDENCE	Mt Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Arkansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. E. Dimmick

midwife (Physician or midwife)

Address Mt Idaho Idaho

Given names added from a supplemental report

..... 19.....

Filed April 4 1913 Jesse L. Rains Registrar

..... Registrar

S-Y CO. 20174

493-109-025-318

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12372

County of Idaho

City of Stites

Registration District No. 10 File No.

No. St. Primary Registration District No. 2101 Registered No. 288

Hospital

FULL NAME OF CHILD Stefanie Mickelberry

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		Yes	March 9 1913

FATHER

FULL NAME Thos. E. Mickelberry

RESIDENCE Stites

COLOR W AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Eva Day

RESIDENCE Stites

COLOR W AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Montana

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) * Sarah E Scott

(Physician or midwife)

Address Stites Idaho

Given names added from a supplemental report

..... 19.....

Filed April 5 1913 Jesse L. Rains Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 24 1960

215-202-035

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 12374

No. ____, ____ St.

Primary Registration District No. 1009

Registered No. 46

Hospital

FULL NAME OF CHILD Helen Lena Banaka

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1	yes	March 2nd, 1913

FATHER		MOTHER	
FULL NAME	Geo H Banaka	FULL MAIDEN NAME	Lena Hermes
RESIDENCE	Lewiston, Orchards	RESIDENCE	Lewiston Orchards
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	White	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Whitney Kansas	BIRTHPLACE	Spring Valley Minn
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 9 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H D Nourse MD

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

March 2nd, 1913

Registrar

Filed Apr 10 1913

L J Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 25 1969

663-20-035-962

PLACE OF BIRTH

Amended 3-20-78

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 6

File No. 12375

No. Orchard Tracts St.

Primary Registration District No. 1009

Registered No. 441

Hospital

FULL NAME OF CHILD Elise Marie Foley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	March 4, 1913

FATHER		MOTHER	
FULL NAME	Charles A. Foley	FULL MAIDEN NAME	Carrie B. Robertson
RESIDENCE	Orchard St. Lewiston Ida	RESIDENCE	Orchard St. Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 19 13 D. J. Peterson

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

AUG 23 1976

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12375

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elise Marie Foley (Name on Original Certificate) who was born (Was Born or Died) on March 4, 1913 (Date of Event)
in Lewiston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Sex of child	Male	Female

Subscribed and sworn to before me this 30th day of August, 19 76

..... Notary Public, residing at Hubbard Ore.
My commission expires July 08, 1980
(Seal)

Signed Enid Mashbirn (sister)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

198 Heritage Woodburn, Ore
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Clark } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of Feb. 19 78

..... Notary Public, residing at Vancouver
My commission expires 1-20-81
(Seal)

Signed Dorothy A Ritter
(Signature of Any Credible Person)

2815 Meeks Lane Vancouver, Wa 98661
(Street Address, City, State)

Own childs birth certificate on file with Idaho, under state file # 274138 gives name of mother as Elise Marie Foley. Child born Nov. 3, 1938, in Lewistion, Idaho.
Viewed by V.S

Application for Lodge Record into the Oneonta Rebekah Lodge # 12 Ioof gives name of applicant as Elsie (Peggy) Forgey for admission to the Lodge by Transfer respectfully report that we have performed the duty assigned to us, and find the candidate is worthy, and recommend that she be admitted.
Viewed by V.S. Dated April 1, 1957.

312-204-095-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perces

City of Peck

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12376

Primary Registration District No. 2075 Registered No. 42

FULL NAME OF CHILD Amy Francis Larkin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		2	Yes	3 - 4 - 1913

FATHER		MOTHER	
FULL NAME	Ralph W. Larkin	FULL MAIDEN NAME	Frances St. ~~Lotter~~ Gotfurt
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	S. Dak.	BIRTHPLACE	Cal
OCCUPATION	miller	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 a. M. on the date above stated.

(Signature) J. M. Ivy & M. D.

(Physician or Midwife)

Address Peck

Filed Feb 10 19 13 L. J. Cochran Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report ____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

DEC 10 1951

365-105-035-847

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 12377

No. ____, ____ St.

Primary Registration District No. 1009

Registered No. 43

Hospital St. Joseph

FULL NAME OF CHILD John Martin Fondevold

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 5, 1913

FATHER		MOTHER	
FULL NAME	Harry Fondevold	FULL MAIDEN NAME	Irma May Hughes.
RESIDENCE	Orchard Tract. Lewiston Ida	RESIDENCE	Orchard Tract Lewiston Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Norway.	BIRTHPLACE	Slaughter Wn.
OCCUPATION	Farmer.	OCCUPATION	House wife.

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D. (Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 E. L. Jenkins Registrar

S-Y CO., 16670 Registrar

Certified Copy issued Nov. 14, 1940. E.W.

689-105-035-259

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ney Perce

City of Peck

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. **12378**

Primary Registration District No. 2075 — Registered No. 44

FULL NAME OF CHILD Howard Harmon Whitted

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		2	Yes	3 - 5 - 13

FATHER		MOTHER	
FULL NAME	Dennis H. Whitted	FULL MAIDEN NAME	Ruth M. Knight
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Neb.	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lyle M.D.

(Physician or Midwife) Peck

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan. 10 19 13 L. J. Jenkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAIL THIS RECORD TO STATE BUREAU OF VITAL STATISTICS
WITH THE AFFIDAVIT AND UNDERTAKING REQUIRED BY LAW

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

1234

PLACE OF BIRTH

FULL NAME OF CHILD

Sex of Child	Twin or Triplet (Or child of how many born at one birth)	Number in order of birth	Legitimate		Date of birth (Month)	(Day)	(Year)
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER			
COLOR OR RACE	AGE AT LAST BIRTHDAY (Years)		COLOR OR RACE	AGE AT LAST BIRTHDAY (Years)			
BIRTHPLACE (State or Country)			BIRTHPLACE (State or Country)				
OCCUPATION			OCCUPATION				

Number of child of the mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at the time above stated.

Where there was no attending physician or midwife, then the father, householder, etc., should make the return. If children died in one year, mother should be required to make affidavit before birth.

Given name added from a supplemental report

(Signature)

(Physician or Midwife)

Address

Title

Registrar's District No.

Registered No.

523-207-035-916

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12379

County of Nez Perce

City of Lewiston

No. 572-5th Ave

Registration District No. 16

Primary Registration District No. 1009

Registered No. 45

Hospital

FULL NAME OF CHILD Laura Katherine Estes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Hm. Estes	Katherine Rawson
RESIDENCE	Lewiston, Ida	Lewiston, Ida
COLOR	White	W.
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Ill.	Iowa
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 7.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Todd

(Physician or Midwife)

Address Lewiston, Idaho

Given names added from a supplemental report

....., 19.....

Filed Feb. 10 1913 L. J. Peckham

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 7 1972

458-107-0 35-2 38

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Leland.

No. ..... St.

Registration District No. 16 File No. 12380

Primary Registration District No. 2076 Registered No. 46

Hospital .....

FULL NAME OF CHILD Walter Meyer.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	1	1	Yes.	March 7 1913.

FATHER

FULL NAME: August H. Meyer.

RESIDENCE: Leland.

COLOR: White AGE AT LAST BIRTHDAY: 23. (Years)

BIRTHPLACE: Canada

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Celina Schafer.

RESIDENCE: Leland

COLOR: White AGE AT LAST BIRTHDAY: 20. (Years)

BIRTHPLACE: Texas.

OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P W Stonebraker M.D.

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Jan. 10 1913 P. J. Perkins

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 23 1943

789-209-035-168

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Culdesac

Registration District No. 16

File No. 12381

No. ..... St.

Primary Registration District No. 2073

Registered No. 44

Hospital .....

FULL NAME OF CHILD Ernestine Irene Phinney

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem.	V	2	Yes	Mar 9 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER

FULL NAME Wm Phinney

RESIDENCE Culdesac

COLOR Mixed red & white AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Anne Johann

RESIDENCE Culdesac

COLOR White AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 9 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Reynolds

(Physician or midwife)

Address Culdesac

Given names added from a supplemental report.

..... 19.....

Filed Mar 31 1913.

Apr. 10-1913

J. H. Reynolds

R. J. Burkett Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

$\sum y = 1.23 = 2$

512-110-035-981

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital St Joseph's

FULL NAME OF CHILD Victor Vincent Vassar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16 File No. 12382

Primary Registration District No. 1009 Registered No. 48

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		5	yes	May 16, 1913

FATHER		MOTHER	
FULL NAME	C. Vassar	FULL MAIDEN NAME	Alice Ryan
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Kansas	BIRTHPLACE	
OCCUPATION	Undertaker	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. F. Miller M.D.

Physician

(Physician or Midwife)

Address Lewiston Idaho

Filed Sept. 10 1913 L. J. Parker Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

235-110-035-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nezperce

City of Gifford

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12383

Primary Registration District No. 2074 Registered No. 49

FULL NAME OF CHILD Nelson Blewett

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	Single (and)	Three (To be answered only in event of plural births)	Yes	March 18th 1913.

FATHER	MOTHER
FULL NAME: Richard N Blewett	FULL MAIDEN NAME: Mable Nelson
RESIDENCE: Gifford Idaho	RESIDENCE: Gifford, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 30, (Years)
BIRTHPLACE: Iowa.	BIRTHPLACE: Kansas
OCCUPATION: Farmer.	OCCUPATION: Home Wife.

Number of child of this mother, including present birth: Three

Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn) at 8:50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Livingston M.D.

(Physician or midwife)

Address Gifford Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-1 1913 E. E. Watts

Registrar

Apr. 10 - 1913. 2.4 Certificate

Registrar

S-Y CO. 20174

9-9-41

842-109-035-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Lemhi

City of Gifford Ida. Registration District No. 16 File No. 12384

No. ..... St. Primary Registration District No. 2074 Registered No. 50

Hospital .....

FULL NAME OF CHILD William H.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Boy	Single	One	yes	March 9th 1913.
	(To be answered only in event of plural births)			(Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Chris Heese	FULL MAIDEN NAME	Leydal Lindsmaw
RESIDENCE	Gifford, Idaho.	RESIDENCE	Gifford, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Kansas
OCCUPATION	Farmer.	OCCUPATION	Home Wife

Number of child of this mother, including present birth One. Number of children of this mother now living, including present birth One.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (born alive or stillborn) at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Herrington M.D.
(Physician or midwife)

Address Gifford Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 1 1913 E. E. Watts Registrar

Apr. 10-1913 - d. J. Herrington

S-Y CO. 20174

MAR 16 1953

573-211-035-132

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Big Bend

City of Quincy

No. 1824, 2 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12385

Primary Registration District No. 1009 Registered No. 67

FULL NAME OF CHILD Helen E. Epting

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One	2	Yes	March 11 1917

FATHER		MOTHER	
FULL NAME	R. L. Epting	FULL MAIDEN NAME	Vera Albright
RESIDENCE	1824 2nd St.	RESIDENCE	1824 2nd St.
COLOR	White	AGE AT LAST BIRTHDAY	35 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Canada
OCCUPATION	Painter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Morris

(Physician or ~~Midwife~~)

Address Quincy

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1917 L. G. Perkins

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

793-212-035-281

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 12387

No. 861, Main St.

Primary Registration District No. 1009

Registered No. 53

Hospital

FULL NAME OF CHILD Gladys Gill

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar. 12, 1913

FATHER		MOTHER	
FULL NAME	Hamilton Gill	FULL MAIDEN NAME	Effie Shangle
RESIDENCE	Silcott Wn	RESIDENCE	Silcott Wn
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	New York	BIRTHPLACE	Mendon Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Idaho

Filed Jan 10 1913 L J Perkins

Registrar

Given names added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 5 1967

525-116-035-366

PLACE OF BIRTH

County of Key Force

City of Cameron

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12388

Primary Registration District No. 2076 Registered No. 54

FULL NAME OF CHILD Joseph Bernard Eberhardt.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	1 (To be answered only in event of plural births)	2.	Yes.	March 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Bernard H. Eberhardt	FULL MAIDEN NAME	Grace Cook
RESIDENCE	Cameron	RESIDENCE	Cameron
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23.
BIRTHPLACE	Germany	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Leland Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Nov. 10 1913 L. C. Perkins Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1968

493-11

PLACE OF [redacted] STATE OF IDAHO

Form V. S. No. 11-C—Rev. 1-20-11

Bureau of Vital Statistics

County of [redacted]

CERTIFICATE OF BIRTH

City of Lewiston Registration District No. 16 File No. 12389

No. ....., ... St. Primary Registration District No. 1009 Registered No. 55

Hospital .....

FULL NAME OF CHILD Erwin Pearcy Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Mch 17 1913

	FATHER	MOTHER
FULL NAME	Frank E Miller	Edna Pearcy
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	28 (Years)
BIRTHPLACE	Julietta Idaho	Lewiston Ida
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8-a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J P Nourse MD

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 1913 L Y Perkins

.....
Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 18 1941

286-219-031-2 34.

[redacted]

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Lewis

City of Slickpoo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12390

Primary Registration District No. 2073 Registered No. 66

FULL NAME OF CHILD Helen Shoemaker

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem.		6	yes	Mar 19 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Joseph G. Shoemaker	FULL MAIDEN NAME Sarah F. Dewey
RESIDENCE	RESIDENCE Slickpoo
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 37 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Wis.	BIRTHPLACE Canada
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 11 P M on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ragsdale

(Physician or ~~midwife~~)

Address Culdesac

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed Mar 31 1913
Apr. 10 1913

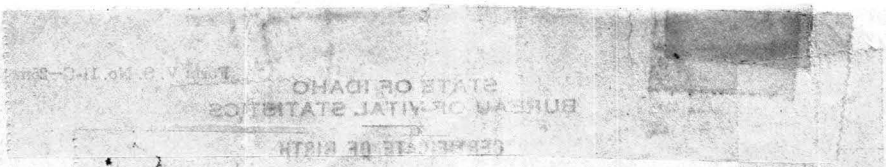
J. H. Ragsdale Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



695-19-035-314

PLACE OF BIRTH

County of Nez Perce

City of Cameron

No. ____ St.

Hospital ____

STATE OF [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 16

File No. 12391

Primary Registration District No. 2076

Registered No. 57

FULL NAME OF CHILD George Henry Frederick Finke

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
male	1 (To be answered only in event of plural births)		6	yes	March	19	13

FATHER		MOTHER	
FULL NAME	George Finke	FULL MAIDEN NAME	Della Fanke
RESIDENCE	Cameron	RESIDENCE	Cameron
COLOR	white	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	Pastor	OCCUPATION	Housewife

Number of child of this mother, including present Birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. Finke

Father
(Physician or midwife)

Address Cameron Idaho

Given names added from a supplemental report

....19....

Registrar

Filed April 10 19 13 L. J. Perkins
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 3 1942

JAN 23 1975

764-119-035-294

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce.

City of Cameron.

No. ..... St.

Registration District No. 16 File No. 12392

Primary Registration District No. 2076 Registered No. 58

Hospital .....

FULL NAME OF CHILD Leo. Carl William. Pompe.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Mail	1	3.	Yes	March 29 1913

FATHER

FULL NAME: Eduard A. Pompe

RESIDENCE: Cameron.

COLOR: White AGE AT LAST BIRTHDAY: 40. (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer.

MOTHER

FULL MAIDEN NAME: Emma. Bruger.

RESIDENCE: Cameron

COLOR: White AGE AT LAST BIRTHDAY: 36 (Years)

BIRTHPLACE: Ills.

OCCUPATION: Home Wife.

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

*(Signature) P. M. Stoudburner M.D.

(Physician or midwife)

Address Deland Idaho

Given names added from a supplemental report

..... 19.....

Filed Dec. 10 1913 L. J. Perkins

Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1966

168-119-035-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Peck

Registration District No. 16 File No. 12393

No. ....., ... St.

Primary Registration District No. 2975 Registered No. 59

Hospital .....

FULL NAME OF CHILD Earl William Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		5	Yes	3 19 1913

FATHER		MOTHER	
FULL NAME	Chas Johnson	FULL MAIDEN NAME	Maggie Galloway
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ore	BIRTHPLACE	Mo
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11:45a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Ivy & H. A.

(Physician or Midwife) Peck

Given names added from a supplemental report

....., 19.....

Address .....

Filed Jan. 10 1913 L. J. Perkins

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

Registrar

FEB 1 9 1976

DEC 2 9 1941

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate	Date of birth (Month) (Day) (Year)
		(To be answered only in event of plural births)		

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR — AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive or stillborn) at ..... M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

(Signature) .....

(Physician or Midwife) .....

....., 19 ..... Address .....

Filed ..... 19 ..... Registrar .....

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a SEPARATE EDITION must be used for each child and the number in order of birth must be stated.

943-24:035-764

Form V. S. No. 11-C-10m-3-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bear Lake

City of Edwardsburg

Registration District No. 16 File No. 12394

No. ..... St.

Primary Registration District No. 2076 Registered No. 60

Hospital .....

FULL NAME OF CHILD Isabel Henryetta Rucks

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	1 (To be answered only in event of plural births)	2	Yes	March 24 1913

FATHER		MOTHER	
FULL NAME	August F. Rucks	FULL MAIDEN NAME	Louise Ample
RESIDENCE	Cannon	RESIDENCE	Cannon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Minn	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. V. Stoneburner M.D.

(Physician or midwife)

Address Leland Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 A. Perkins

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 3 0 1954

493.125.035.264

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 12395

No. ..... St.

Primary Registration District No. 1009

Registered No. 61

Hospital St. Joseph's Hosp.

FULL NAME OF CHILD Stanley Alden Miller

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 25, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leonard Leroy Miller	Mabel Pauline Bodine
RESIDENCE	Lewiston Ida.	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	28
BIRTHPLACE	Oregon	Webster Kansas
OCCUPATION	Mgr. Music House	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edgar L. White M.D.

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Filed Apr. 10 19 13 L. G. Perkins

Registrar

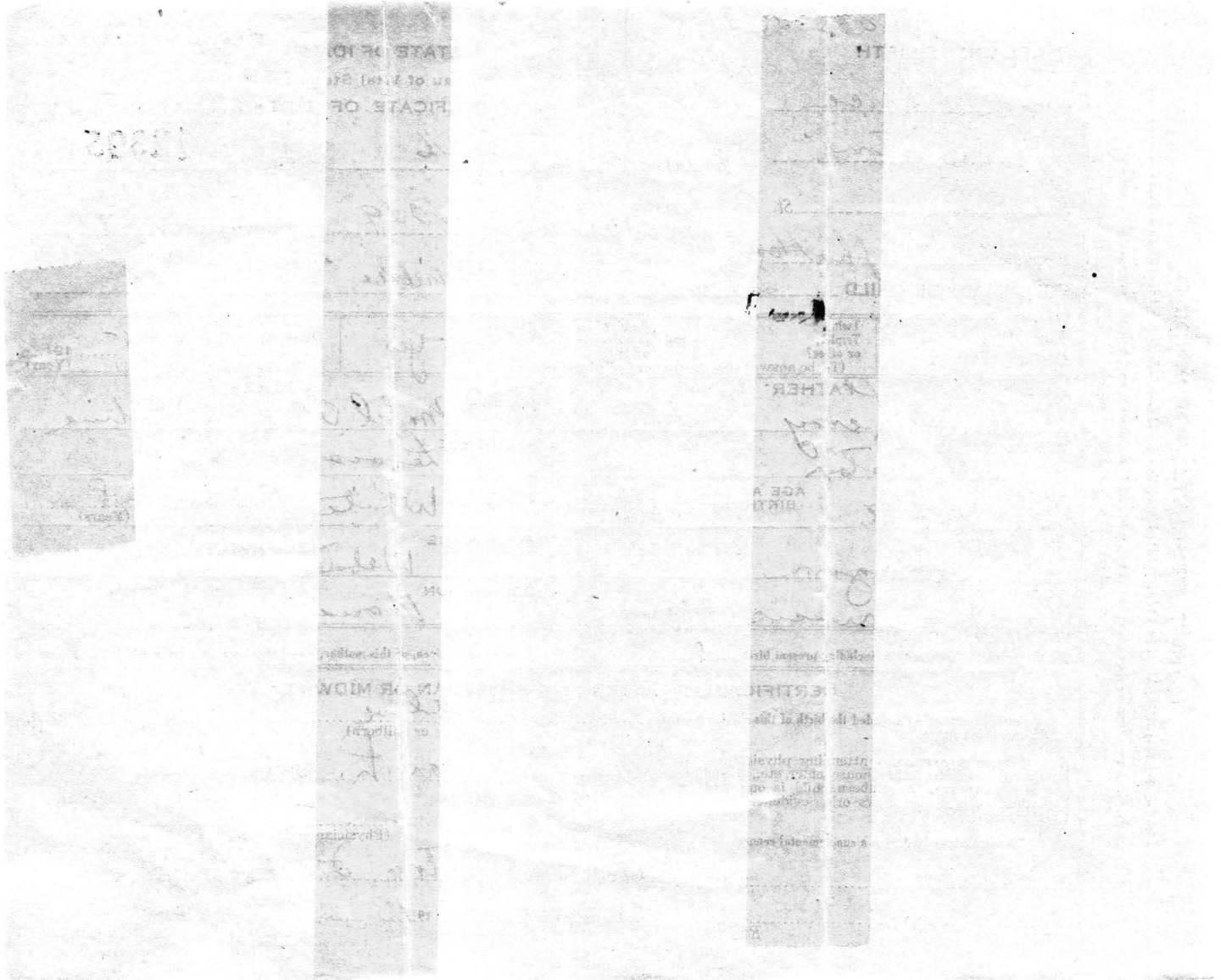
S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



35-226-035-255

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Sweetwater

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 12396

Primary Registration District No. 217 — Registered No. 62

FULL NAME OF CHILD Marion W. Leachman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		5	Yes	3 26 1913

FATHER		MOTHER	
FULL NAME	Edward A. Leachman	FULL MAIDEN NAME	Josie Swango
RESIDENCE	Sweet Water	RESIDENCE	Sweet Water
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Ill	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Farmer

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley M. D.

(Physician or Midwife)

Address Lapwai Ida

Given names added from a supplemental report

Edward A Leachman 19....

John N. Alley Registrar

Filed 3 27 13 19.... Apr. 10-1913

L. J. Peterson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

213-126-035-215

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—16m-8-7-11

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ..... St.

Hospital St Joseph

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 1C

File No. 12397

Primary Registration District No. 1009

Registered No. 63

FULL NAME OF CHILD Frank Lee Baldwin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	1st	yes	March 26 1913

FATHER

FULL NAME Frank Lee Baldwin Jr.

RESIDENCE Asotin

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Cal

OCCUPATION Attorney

MOTHER

FULL MAIDEN NAME Lydia Sandvall

RESIDENCE Asotin

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Sweden

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 7 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Blaorris

(Physician or ~~Midwife~~)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Apr 10 1913 L J Perkins

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

OCT 18 1945

155-126-035-239

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ney Perces

~~City of~~ address Peck

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16

File No. 12398

Primary Registration District No. 2075

Registered No. 64

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	Yes	3-26-13

FATHER	MOTHER
FULL NAME Martin V. Devlin	FULL MAIDEN NAME Myrtle Estock
~~RESIDENCE~~ add: Peck	RESIDENCE Peck
COLOR W	AGE AT LAST BIRTHDAY 24 (Years)
COLOR W	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Minn	BIRTHPLACE Kan
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ivy M D

(Physician or Midwife)

Address Peck

Given names added from a supplemental report

....., 19.....

Filed Jan 10 1913 L Q Perkins

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

FULL NAME OF CHILD .....

Sex of Child | Twin, Triplet or other? | Number in order of birth (To be answered only in event of plural birth) | Legitimate? | Date of birth ..... (Month) (Day) (Year) ....., 19..

FULL NAME	FATHER	FULL MAIDEN NAME	MOTHER
RESIDENCE		RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR	AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE	
OCCUPATION		OCCUPATION	

Number of child of this mother, including present birth ..... Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or Midwife)

Given names added from a supplemental report .....

....., 19.... Address .....

Filed ....., 19.....

Registrar

Form V. S. No. 11-C—10m 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

689/127035-613

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital St Joseph's

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-20-11

CERTIFICATE OF BIRTH

Registration District No. 16

File No. 12399

Primary Registration District No. 1000

Registered No. 65

FULL NAME OF CHILD George Marion White

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		6	yes	Mar 21, 1913

	FATHER	MOTHER
FULL NAME	Wm A White	Ada M Noah
RESIDENCE	Lewiston	Lewiston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	41	38
BIRTHPLACE	Michigan	Utah
OCCUPATION	Fruit grower	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Hullen

Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 10 1913 L J Perkins

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 21 1942

8161 30-037-885

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lenore, Idaho

Registration District No. 16

File No. 12400

No. ..... St.

Primary Registration District No. 2074

Registered No. 16

Hospital

FULL NAME OF CHILD Ralph Merle Hawks

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Boy	Single	5	yes	March 30th 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Joseph Lee Hawks	FULL MAIDEN NAME Ella E. Ayers
RESIDENCE	Lenore Idaho	Lenore Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Kentucky	Iowa
OCCUPATION	Mail Carrier	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated.

(Born alive or stillborn)

(Signature) G. J. Herrington M.D.

(Physician or midwife)

Address Gifford Idaho

Filed April 1 1913 E. E. Watts Registrar

Cert. 10-1913 L Perkins

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

DEC 6 1965

695-209-035-256

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Nez Perces

City of Near Peck

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No. 12401

Primary Registration District No 2075 Registered No. 67

FULL NAME OF CHILD Lillie Fay Fine

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)	4	Yes	1 - 9 1913

FATHER	MOTHER
FULL NAME Harry Lusel Fine	FULL MAIDEN NAME Ozella Bloodsworth
RESIDENCE Near Peck	RESIDENCE Peck
COLOR W AGE AT LAST BIRTHDAY 29 (Years)	COLOR W AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Oreg	BIRTHPLACE Oreg
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M Ly & MD

(Physician or Midwife)

Address Peck

Given names added from a supplemental report

____, 19____

Registrar

Filed Apr. 10 1913 L J Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated

JUL 17 1944

343-224-035-173

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of New Reynes

City of Peck

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12402

Registration District No. 16 File No. ____

Primary Registration District No. 2a 75 Registered No. 68

FULL NAME OF CHILD Rera Lull

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		9	yes	Jan. 24, 1913

FATHER		MOTHER	
FULL NAME	William Henry Lull	FULL MAIDEN NAME	Anna Aytell
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	48 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Oregon	BIRTHPLACE	Page Co Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. - A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Fyle

(Physician or Midwife)

Address Peck

Filed Feb 10 19 13 L P Perkins
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

AUG 23 1960

366-206-035-395

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-Modified

PLACE OF BIRTH

County of Nez Perce

City of Peck

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 12403

Primary Registration District No. 2075 — Registered No. 69

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		9	Yes	2-6-1913

FATHER		MOTHER	
FULL NAME	S. E. Downey	FULL MAIDEN NAME	M. A. Timmons
RESIDENCE	Peck	RESIDENCE	Peck
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	S. Car	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) J. W. Tyle M.D.

(Physician or Midwife)

Address Peck

Filed Feb 10 19 13 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

dup of 1913-D48-0099

255-113-035-859

PLACE OF BIRTH

County of Fayette

City of Uniontown

No. Orchard Tract St.

Hospital [redacted]

FULL NAME OF CHILD Ralph R Ready

STATE OF [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12404

Primary Registration District No. 1009 Registered No. 70

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	yes	Feb 13 1913

FATHER		MOTHER	
FULL NAME	Tracy G Ready	FULL MAIDEN NAME	Celia Hair
RESIDENCE	Orchard Tract	RESIDENCE	Orchard Tract
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Uniontown Pa	BIRTHPLACE	Brownsburg Pa
OCCUPATION	Carpenter	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address Uniontown R.D. 6

Given names added from a supplemental report

....., 19.....

Filed Feb 10 1913 L J Perkins

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

344-115
035-279

PLACE OF BIRTH

County of Ney Perces

addressReek

~~City of~~

No_____, _____St.

Hospital _____

Form V. S. No. 11-C—Rev. 9-12

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 16 File No. 12405

Primary Registration District No 2075 Registered No. 71

FULL NAME OF CHILD Homer Ewing Springston Tunnelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		7	Yes	2-15-13

FATHER	MOTHER
FULL NAME W. C. Tunnelson	FULL MAIDEN NAME Etta M. Springston
~~RESIDENCE~~ addr Reek	~~RESIDENCE~~ ad. Reek
COLOR W	AGE AT LAST BIRTHDAY 37 (Years)
BIRTHPLACE Kan	COLOR W
OCCUPATION Farmer	AGE AT LAST BIRTHDAY 32 (Years)
	BIRTHPLACE Kan
	OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:15 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Doyle M.D.

(Physician or Midwife)

Address Reek Ida

Given names added from a supplemental report

....., 19.....

Filed Nov. 10 19 18 L. G. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 9 1974

755-118-035-396

PLACE OF BIRTH

County of Key Power

City of Reek

No _____, _____ St.

Hospital _____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12406

Primary Registration District No. 2075 Registered No. 72

FULL NAME OF CHILD Oral Richard Gentry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		12	Y	2-18-13

FATHER		MOTHER	
FULL NAME	Sam Gentry	FULL MAIDEN NAME	Alice Crockett
RESIDENCE	Reek	RESIDENCE	Reek
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ills
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Ly & M.D.

(Physician or Midwife)

Address Reek

Given names added from a supplemental report

....., 19.....

Filed Feb. 10 19 13 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 19 1967

MAY 12 1955

DEC 11 1946

MARGIN RESERVED FOR BINDING

NOV 24 1941

314-126-035-000

PLACE OF BIRTH

County of Nez Perce

City of Sweetwater

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. 12407

Primary Registration District No. 2117 Registered No. 73

FULL NAME OF CHILD Lawrence Vincent Saunders.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 26 1913

FATHER	MOTHER
FULL NAME Bernard Saunders	FULL MAIDEN NAME
RESIDENCE Sweetwater	RESIDENCE Sweetwater
COLOR W. AGE AT LAST BIRTHDAY 34 (Years)	COLOR W AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Germany.	BIRTHPLACE
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 7 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Mrs. Mary V. Sulier
(Physician or midwife)

Address Lewista Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 10 1913 L J Perkins Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z no mother

141-223-044-919

PLACE OF BIRTH

[redacted] Washington

Weiser

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12408

No. ..... St.

Primary Registration District No. 1010 Registered No. 37

Hospital Weiser General Hospital

FULL NAME OF CHILD Helen Margarette Adams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	Yes	Feb 23 1913

FATHER		MOTHER	
FULL NAME	Albert P Adams	FULL MAIDEN NAME	Margarette Rarigdon
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho. Omaha Nebraska
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Muskogee Indian Ter.	COLOR	White
OCCUPATION	Barber	AGE AT LAST BIRTHDAY (Years)	24
		BIRTHPLACE	Omaha, Nebraska
		OCCUPATION	Housewife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 noo M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Idaho,

Given names added from a supplemental report

..... 19.....

Filed March 20th 1913 W. R. Hamilton Registrar

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the names of each, in order of birth stated.

SEP 20 1963

795-124-044-713

Form V. S. No. 15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ____ St.

Hospital ____

Registration District No. 26 File No. 12409

Primary Registration District No. 1010 Registered No. 37

FULL NAME OF CHILD Vincent Parkes Parkess Givens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Feb 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles C Givens	Minnie E Pace
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	34	34
BIRTHPLACE	Montgomery Co Kansas	St Joe Missouri
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Filed March 20 1913 W. R. Hamilton

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-204-044-844

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 26 File No. 12410

Primary Registration District No. 1010 Registered No. 39

FULL NAME OF CHILD Marion S. Laing

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	March 4 1913

FATHER	MOTHER
FULL NAME: Willis H. Laing	FULL MAIDEN NAME: Ethel Humphreys
RESIDENCE: Weiser Idaho	RESIDENCE: Weiser Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Waitsburg Wash	BIRTHPLACE: Palouse Wash.
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young
Physician
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed March 20 1913 W. R. Hamilton Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 19 1944

659-207-044-466

PLACE OF BIRTH Amended 11-9-56

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 26 File No. 12411

Primary Registration District No. 2112 Registered No. 40

FULL NAME OF CHILD Enola Pearl Ferris
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar. 7, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Ora C. Ferris	FULL MAIDEN NAME	Vina Dawson
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Tekamah, Nebraska	BIRTHPLACE	Frank Pierce Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A. Young

Physician
(Physician or midwife)

Address .....

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Mar. 20, 1913 W. R. Hamilton
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada }

Certificate No. 12411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Enona Pearl Ferris (Birth or Death) for no name (Name on Original Certificate) who was born (Was Born or Died) on March 7, 1913 (Date of Event) in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by family record (Bible Record, Insurance Policy, Etc.) prepared on immediately after birth (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	No name	Enona Pearl Ferris

Subscribed and sworn to before me this 2nd day of November, 1942

E. B. Smith

Notary Public, residing at Boise, Idaho

My commission expires Dec. 15. 1943
(Seal)

Signed Nina May Ferris.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd day of November, 1942

E. B. Smith

Notary Public, residing at Boise, Idaho

My commission expires Dec 15, 1943
(Seal)

Signed J. W. Galloway
(Signature of Any Credible Person Other Than Previous Year)

1024 N 13th Boise Idaho
(Street Address, City, State)

NOV 13 1956

NOV 4 1942

Form U. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Weiser

No. _____ St.

Hospital _____

Registration District No. 26 File No. 12411

Primary Registration District No. 2112 Registered No. 40

FULL NAME OF CHILD ENONA PEARL Ferris

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	March 7, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ora C. Ferris	FULL MAIDEN NAME	Vina Dawson Ferris
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Bert Nebraska	BIRTHPLACE	Frank Pierce Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth V

Number of children of this mother now living, including present birth IV

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician

(Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address _____

Filed March 20 1913 W. R. Hamilton Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Washington } ss.

Certificate No. 12171

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Enona Pearl Ferris (Name on Original Certificate) who was born (Was Born or Died) on Mar. 7, 1913 (Date of Event)
in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's first name	Enona	Enola

Subscribed and sworn to before me this 10 day of October, 19 56

Notary Public, residing at Weiser Ida
My commission expires 4-1-57
(Seal)

Signed Mrs Ora L. Ferris (father)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mrs Vina Ferris (mother)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Wash } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

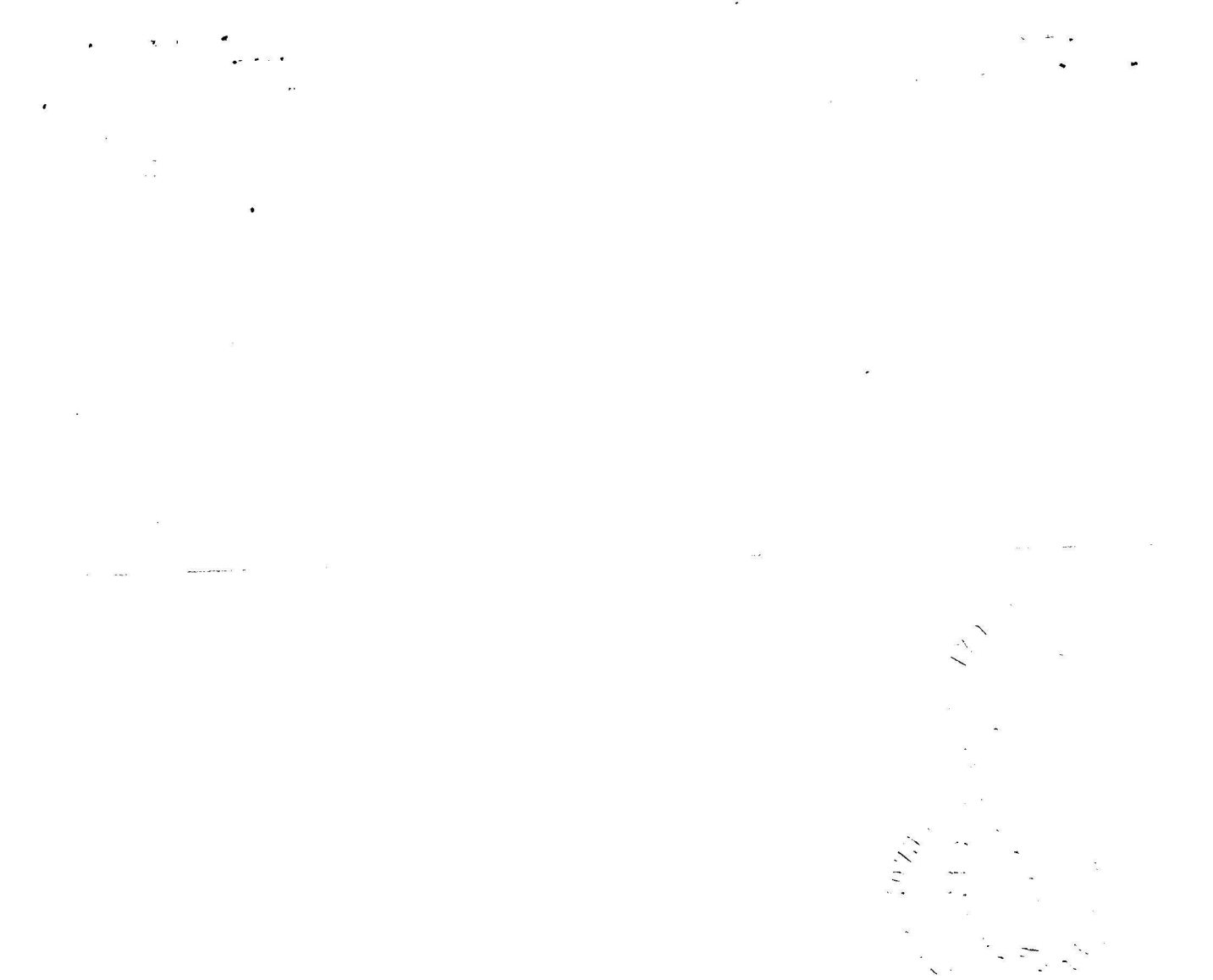
Subscribed and sworn to before me this 12 day of Oct, 19 56

Notary Public, residing at Weiser Ida
My commission expires 6-26-58
(Seal)

Signed Douglas M Ferris
(Signature of Any Credible Person)

1026 N 1st Weiser Ida
(Street Address, City, State)

FORM DPH 55-155



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 12411

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Enola Pearl Ferris (Name on Original Certificate) who was born (Was Born or Died) on Mar. 7, 1913 (Date of Event)
in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Other child's certificate (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's birthplace	Bert, Nebraska	Tekamah, Nebraska

Subscribed and sworn to before me this 9th day of November, 1956

Nina R. Carroll

Notary Public, residing at Boise, Idaho

My commission expires 1-5-59

(Seal)

Signed Ora L Ferris
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R 3, Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of November, 1956

Nina R. Carroll

Notary Public, residing at Boise, Idaho

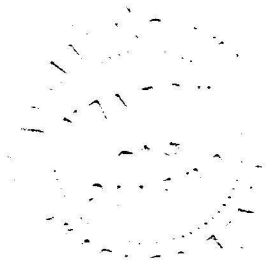
My commission expires 1-5-59

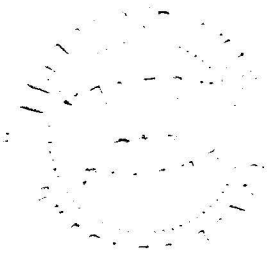
(Seal)

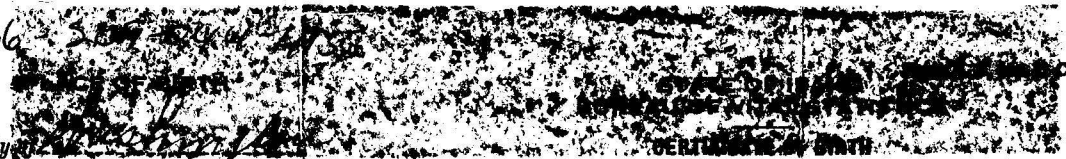
Signed Nina Ferris
(Signature of Any Credible Person)

R 3, Weiser, Idaho
(Street Address, City, State)

FORM DPH 55.155







20m-6-15-12

County of Lincoln

City of Keiser

No. Monroe Creek St.

Registration District No. 26 File No. 12412

Primary Registration District No. 2112 Registered No. 41

Hospital

FULL NAME OF CHILD Dollie Bell Cooper

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl		4	yes	March 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Cooper	Iva Davis
RESIDENCE	Keiser Ida. RD 2	Keiser
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Humbolt Nebraska	Jale Co Kansas
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 P. M. on the date above stated.

(Signature) G. M. Walkhouse

Physician (Physician or midwife)

Address Keiser Idaho

Filed March 15 1913 M. R. Hamelton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

AUG 9 195

759 - 110 - 044 - 666

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. ..... St.

Hospital .....

Registration District No. 26 File No. 12413

Primary Registration District No. 1010 Registered No. 42

FULL NAME OF CHILD Gerhart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	/	/	yes	March 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Earnest Gerhart	Clara Wood
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Streator Ill	Wrichsville Ohio
OCCUPATION	Carpenter	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 11 30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician
(Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed March 20 19 13 W. R. Hamilton
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

641-110-044-418

PLACE OF BIRTH

County of Washington

City of Weiser

No. —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 26 File No. 12414

Primary Registration District No. 1010. Registered No. 43

FULL NAME OF CHILD Robert Johnson Dwan.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	3 10 1913

FATHER		MOTHER	
FULL NAME	Victor E. Dwan	FULL MAIDEN NAME	Susan Davies
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Idaho.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Leonardville Kan	BIRTHPLACE	Anhalon Kas.
OCCUPATION	Electrician	OCCUPATION	H. Wife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 o'clock M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Finney

Physician (Physician or Midwife)

Address Weiser Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed March 14th 1913 W. R. Hamilton Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 7 1942

993

219-111-044-312

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. Nth. 7th, West St.

Hospital

Registration District No. 26 File No. 12415

Primary Registration District No. 1010 Registered No. 44

FULL NAME OF CHILD James Melvin Barber

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	#	5	Yes	3. 11. 191

FATHER	MOTHER
FULL NAME: George Melvin Barber	FULL MAIDEN NAME: Lena Belle Cable
RESIDENCE: Weiser, Idaho	RESIDENCE: Weiser, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Kansas
OCCUPATION: Carpenter	OCCUPATION: House-wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.30 P. M. on the date above stated.

(Signature) C. B. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Filed March 12 1913 W. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

BEGIN RESERVED FOR BINDING—WITH UNFADING INK—THIS IS A PERMANENT RECORD

389 - 211-044-146

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser.

No. Commercial & 6th St. 26

Registration District No. 26 File No. 12416

Primary Registration District No. 1010 Registered No. 45

Hospital

FULL NAME OF CHILD Irene Christenson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			Yes	March 11th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto Christensen	Annie Amor
RESIDENCE	Weiser Ida	Weiser Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	41	37
BIRTHPLACE	Sweden	Wales.
OCCUPATION	Soda Water Man	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. Hamilton

(Physician or ~~Midwife~~)

Address Weiser Ida

Filed March 11th 1913 Dr. R. Hamilton Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8-13-41

365 - 113 - 044 - 295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. —20m-2-15-12

PLACE OF BIRTH

County of Nowshaughn

City of Weiser

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12417

Primary Registration District No. 1010 Registered No. 46

FULL NAME OF CHILD Virgil Condron

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Mark Condron	Hattie Saunders
RESIDENCE	Weiser Idaho	Weiser Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	26
BIRTHPLACE	Montaigue Texas	Missouri
OCCUPATION	Civil Engineer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 a- M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

..... 19.....

Filed March 20th 1913 W. R. Hamilton Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Alameda

Certificate No. 12417

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for none given (Name on Original Certificate) who was born (Was Born or Died) on March 13, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) ~~are erroneous~~ or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on March 20, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Virgil Condron

Subscribed and sworn to before me this 19th
day of October, 1943.
Cora E. Mannta
Notary Public, residing at Oakland Cal
My commission expires My 14, 1946
(Seal)

Signed Mark M. Condron
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
585 Taylor St. San Francisco Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

Subscribed and sworn to before me this 19th
day of October, 1943.
Cora E. Mannta
Notary Public, residing at Oakland Cal
My commission expires August 14, 1946
(Seal)

Signed Barbara Burdon
(Signature of Any Credible Person Other Than Previous Year)
3817 Forest Hill Ave
(Street Address, City, State)
Oakland

OCT 27 1943

632-114-044-635

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Weiser

No. ____ St. ____

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended 4/15/75

Registration District No. 26 File No. 12418

Primary Registration District No. 1010 Registered No. 47

FULL NAME OF CHILD Virgil Olson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 14 1913

FATHER		MOTHER	
FULL NAME	Chas Olson	FULL MAIDEN NAME	Alma Oleson
RESIDENCE	Weiser Idaho	RESIDENCE	Weiser Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	40
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) James A Young

Physician (Physician or midwife)

Address Weiser Idaho

Given names added from a supplemental report

....., 19.....

Filed March 20 1913 W. R. Hamilton

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 0 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS MAR 21 12 29 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of Washington }

Certificate No. 12418

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Oleson (male) (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1913 (Date of Event)
in Weiser, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Oleson	Virgil Delmer Olson
father's last name	Oleson	Olson

Subscribed and sworn to before me this 25 day of March, 19 75

Notary Public, residing at Weiser, Idaho
My commission expires 5-1-77
(Seal)

Signed X Ellen Olson Rogers
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

354 W. Main, Weiser, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed X
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 3/10/75

Insurance Policy # 20659498 , Combined Insurance Co. Of America issued Feb. 21, 1968 , name of insured Virgil Olson.
Viewed by VS

APR 15 1975

School record Weiser High School , Weiser, Idaho,Virgil Olson born Mar. 14, 1913 dated May 27, 1931.
Viewed by VS

Statement of Social Security earnings Virgil Olson born Mar. 14,1913 Social Security No. 518-36-2269 dated Feb. 7, 1970.
Viewed by Vs

795-126-044-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

Registration District No. 26 File No. 12419

No. —, — St.

Primary Registration District No. 2112 Registered No. 47

Hospital —

FULL NAME OF CHILD Orville Emery Preston

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	March 26, 1913

FATHER		MOTHER	
FULL NAME	Emery C. Preston	FULL MAIDEN NAME	Ethel Jones
RESIDENCE	Weiser Ida.	RESIDENCE	Weiser Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26.	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Baker Co. Ore.	BIRTHPLACE	Wash. Co. Ida.
OCCUPATION	Rancher.	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O Finney

Physician

(Physician or Midwife)

Address —

Given names added from a supplemental report

....., 19.....

Filed March 30th 1913 W. R. Hamilton

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH-BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Washington)
)ss
County of Yakima)

Certificate No. 12419

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Orville Emery Preston (Name on original certificate) who born (was born or died) on Mar. 26. 1913 (Date of event) in Weiser, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by ..... (Bible record, insurance plcy.etc.) prepared on ..... (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Orville Emery Preston

Subscribed and sworn to before me this 10 day of January 19 42

Signed Ethel Etna Preston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

A M Otto
Notary Public
Residing at Naches, Wash.

Naches, Washington
(Street address, City, State)

My commission expires September 28, 1945

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of Washington)
)ss
County of Yakima)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of January 19 42

Signed Emery Elden Preston
(Signature of any credible person other than the previous affiant.)

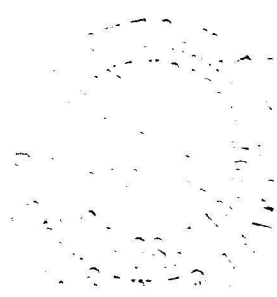
A M Otto
Notary Public
Residing at Naches, Wash.

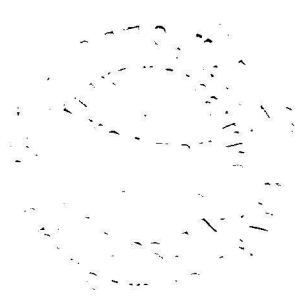
Naches, Washington
(Street address, City, State)

My commission expires September 28, 1945

(SEAL)

JAN 20 1942





AMENDED 11-7-57

PLACE OF BIRTH

238-22-7044-5555

County of Washington

City of Weiser

No. ____ St.

Hospital ____

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12420

Primary Registration District No. 2112 Registered No. 49

FULL NAME OF CHILD Mary Melissa Steele
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 27, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	George G. Steele	FULL MAIDEN NAME	Mary Everman
RESIDENCE	Weiser, Idaho	RESIDENCE	Weiser, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Trukee, Calif.	BIRTHPLACE	Lafayette Co., Ky.
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) Ernest O. Finney

Physician
(Physician or midwife)

Address ____

Filed March 30, 1913 W. R. Hamilton
Registrar.

RECEIVED
OCT 21 1957
Division of Vital Statistics

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of OREGON
County of MALHEUR } ss.

Certificate No. 12120

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Mary Elisa Steel (Name on Original Certificate) who was born (Was Born or Died) on 3-27-13 (Date of Event) in Weiser (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Social Security Card (Bible Record, Insurance Policy, Etc.) prepared on 10-19-1937 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
	Insurance Policy Nov. 6, 1949 viewed by v.s.	
Child's Name	Mary Elisa Steel	Mary Melissa Steele
Father's Last Name	Steel	Steele

Subscribed and sworn to before me this 10th day of June, 1957

Notary Public, residing at Vale, Oregon
My commission expires May 4, 1958
(Seal)

Signed George G Steele
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

349 Cottage st. Vale, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Malheur } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

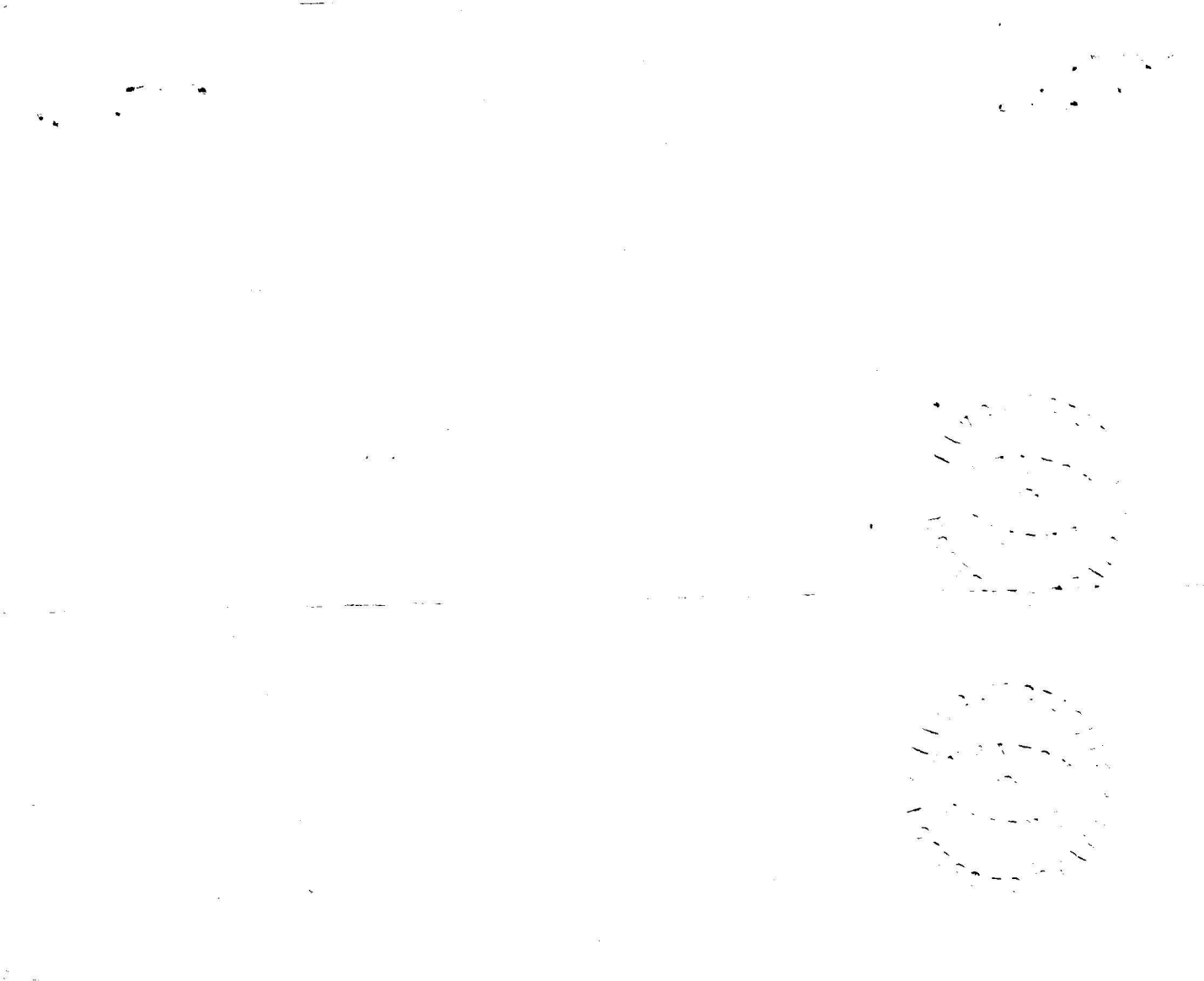
Subscribed and sworn to before me this 10th day of June, 1957

Notary Public, residing at Vale, Oregon
My commission expires May 4, 1958
(Seal)

Signed Mary Frankes Steele
(Signature of Any Credible Person)

349 Cottage st. Vale, Oregon
(Street Address, City, State)

FORM DPH 55. 155



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Washington

City of Weiser

No. —, — St.

Hospital —

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12420

Primary Registration District No. 2112 Registered No. 49

FULL NAME OF CHILD Mary Elsie Steel.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
f	—	—	yes	3 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George G. Steel.	Mary Everman.
RESIDENCE	Weiser Ida.	Weiser Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	37	35
BIRTHPLACE	Tucker Cal.	Lafayette Co. Ky.
OCCUPATION	Rancher.	H. W.

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 3 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ernest O. Finney

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed March 20 1913 W. R. Hamilton

Registrar

S-Y CO., 16670

NOV 8 1967

994

818-127044-556

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Thousand Spring *Registration District No.* 26 **File No.** 12421

No. ..... *St.* *Primary Registration District No.* 2113 **Registered No.** 50.

Hospital .....

FULL NAME OF CHILD Sylvanus Hayse

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	3 27 1913

FATHER		MOTHER	
FULL NAME	Lewis J. Hayse	FULL MAIDEN NAME	Nora Belle Newman
RESIDENCE	Thousand Spring, Idaho	RESIDENCE	Thousand Spring, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House-wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2.30, p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. A. Shirley, M.D.

(Physician or midwife)

Address Weiser, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 25 1913 W. R. Hamilton Registrar

S-Y CO. 20174

NOV 2 1951

335-204-044-299

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Midvale

No. ..... St.

Hospital .....

Registration District No. 26 File No. 12422

Primary Registration District No. 2113 Registered No. 57

FULL NAME OF CHILD Blanche Olive Clelland

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	3 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elmer O Clelland	Lovie Kizziar
RESIDENCE	Midvale Idaho	Midvale Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	37	31
BIRTHPLACE	Mo	Iowa
OCCUPATION	Rancher	House Wife

Number of child of this mother, including present birth #5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 12 0 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. A. Schmidt MD

(Physician or midwife)

Address Midvale Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar 5 1913 F. A. Schmidt Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from card
8-14-42

FEB 27 1961

AUG 14 1942

JAN 9 1952

855-206-044-615

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ____ St.

Registration District No. 26 File No. 12423

Primary Registration District No. 1114 Registered No. 52

Hospital ____

FULL NAME OF CHILD Ethel Eldora Henshaw

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M	—	—	yes	Mar 6 1913

FATHER		MOTHER	
FULL NAME	Andrew M Henshaw	FULL MAIDEN NAME	Eugenia M Favre
RESIDENCE	Cambridge	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Samson Hopker M.D. (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

....19....

Filed Mar 31 1913 C E Schmuck Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 5 1974

593-206-044-463

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12424

Primary Registration District No. 1114 Registered No. 53

FULL NAME OF CHILD Mary Amanda Nichols

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	March 6 1913

FATHER		MOTHER	
FULL NAME	Albert J Nichols	FULL MAIDEN NAME	Peggie Dolan
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Minnesota	BIRTHPLACE	Minnesota
OCCUPATION	Ranching	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) C E Schmuck M D

(Physician or midwife)

Address Cambridge Ida

Filed Mar 7 1913 C E Schmuck Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Francisco }

Certificate No. 12424

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary Amanda Nichols (Name on Original Certificate) who born (Was Born or Died) on March 6, 1913 (Date of Event)
near Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Records (Bible Record, Insurance Policy, Etc.) prepared on From 1924 to 1931 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Amanda Nichols

Subscribed and sworn to before me this 29th
day of December, 19 43.
Katherine F. McDonnell
Notary Public, residing at San Francisco, Calif.
My commission expires Jan. 3, 1947
(Seal)

Signed Mrs Elizabeth E. Nichols
Mother
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1151 Divisadero Street
San Francisco California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Francisco }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29th
day of December, 19 43.
Katherine F. McDonnell
Notary Public, residing at San Francisco, Calif.
My commission expires Jan. 3, 1947
(Seal)

Signed Mrs. Grace Nichols Eichorn
(Signature of Any Credible Person Other Than Previous Year)
(Sister)
2934 Kenwood Avenue
(Street Address, City, State)
Los Angeles, Calif.

JAN 12 1944

219-107-044-782

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12425

Primary Registration District No. 114 Registered No. 54

FULL NAME OF CHILD ELWYN ELLSWORTH BARTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			yes	Mar 7 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME	Fred M Barton	FULL MAIDEN NAME Vera A Gibbs
RESIDENCE	Cambridge	Cambridge
COLOR	W	W
AGE AT LAST BIRTHDAY	29 (Years)	24 (Years)
BIRTHPLACE	Missouri	Oregon
OCCUPATION	Farmer	H W

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hobbes M.D. (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 31 1913 C E Schmitz Registrar

S-Y CO. 20174 Registrar

SEP 20 1976

691-107 044-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12426

Primary Registration District No. 2114 Registered No. 55

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6th	Yes	Mar 7 1913

FATHER

FULL NAME: Jas Frazier

RESIDENCE: Cambridge Ida

COLOR: W

AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Rancher

MOTHER

FULL MAIDEN NAME: Willetta Carter

RESIDENCE: Cambridge Ida

COLOR: W

AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Kentucky

OCCUPATION: Home wife

Number of child of this mother, including present birth: 6th

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

(Signature) C E Schmutz M.D.

(Physician or midwife)

Address Cambridge Ida.

Filed Mar 7 19 13 C E Schmutz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

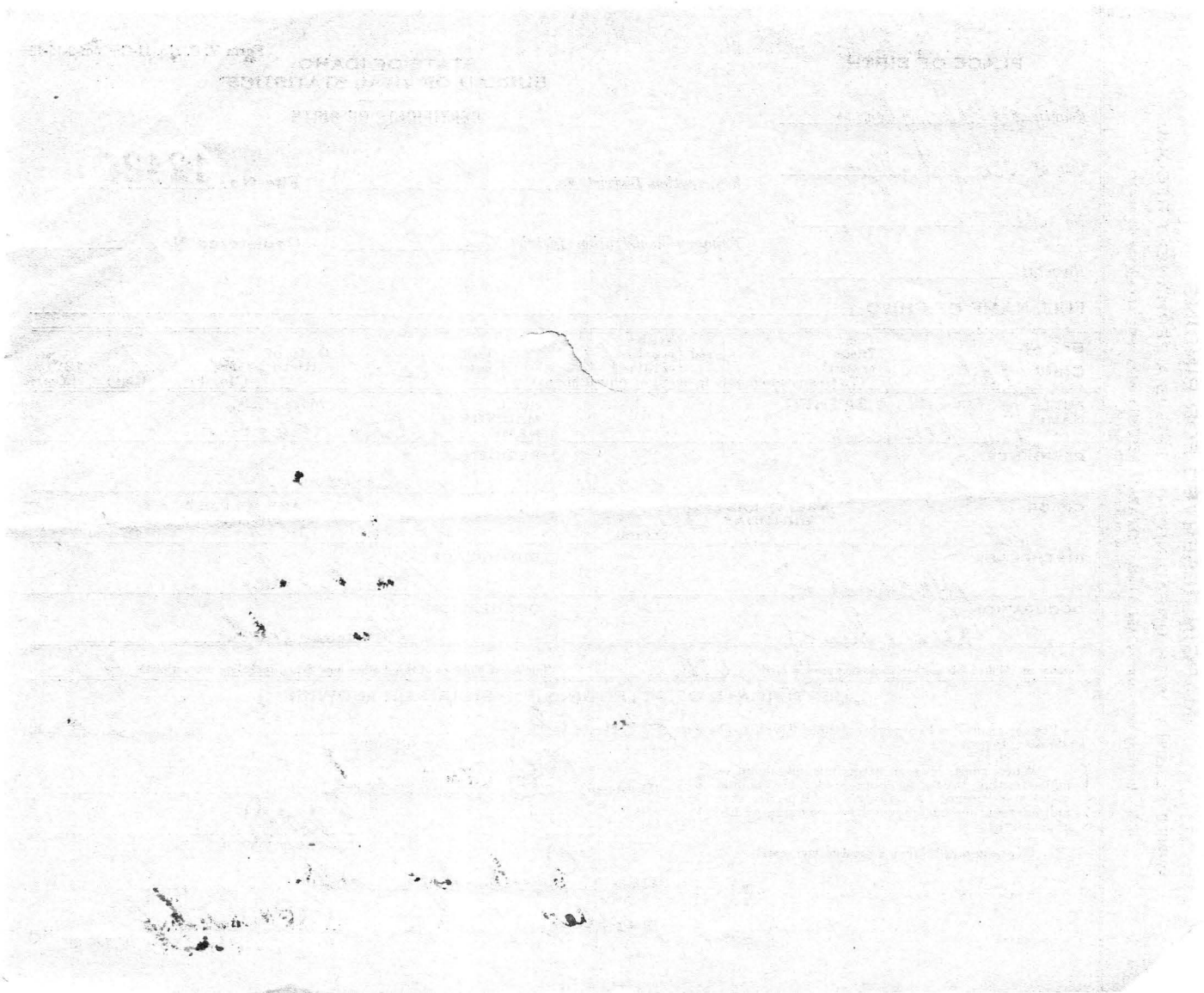
.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



295-109-044-452

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 21 File No. 12427

Primary Registration District No. 1114 Registered No. 26

FULL NAME OF CHILD Ivan Printus Kinney

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male		1	Ye	Mar 9 (Month, Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Floyd Kinney.	FULL MAIDEN NAME	Elva Messer
RESIDENCE	Cambridge.	RESIDENCE	Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Wisconsin
OCCUPATION	Ranchman	OCCUPATION	Home Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmunk

(Physician or midwife)

Address Cambridge Ida.

Given names added from a supplemental report

..... 19.....

Filed Mar 10 1913 C E Schmunk Registrar

..... Registrar

S-Y CO. 20174

OCT 2 2 1947

318 - 210 - 044 - 303

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ____ St.

Registration District No. 26 File No. 12428

Primary Registration District No. 114 Registered No. 57

Hospital ____

FULL NAME OF CHILD Elizabeth Eliza Layton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F M		yes	Mar 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest R Layton	Carrie A Colson
RESIDENCE	Salubria Ida	Salubria
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Oregon	Idaho
OCCUPATION	Farmer	H W

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 40 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 31 1913 C C Schuyler Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

FEB 8 1947

FEB 13 1973

OCT 25 1974

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

15-6-214-044-743
Amended 7-29-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12429
Local Reg. No. 58
Reg. Dist. No. 26

1. PLACE OF BIRTH
a. COUNTY: Washington
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cambridge
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Washington
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cambridge
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Gladys
b. (Middle): Lorena
c. (Last): Jeffries

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): March 14, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Weldon
b. (Middle): Henry
c. (Last): Jeffries

8. AGE (At time of this birth): 34 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Washington
10. USUAL OCCUPATION: Ranching
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Bertha
b. (Middle):
c. (Last): Gulick

13. AGE (At time of this birth): 27 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Missouri
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. E. Schmitz, M.D.
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Cambridge, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: March 14, 1913
22. REGISTRAR'S SIGNATURE: C.E. Schmitz
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

6-9-66

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 12429

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jeffreys (Name on Original Certificate) who was born (Was Born or Died) on Mar. 14, 1913 (Date of Event)
in Cambridge (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Unnamed	Gladys Lorena Jeffries
name of father	William Jeffreys	Weldon Jeffries Henry

Subscribed and sworn to before me this 9th day of June, 1966.

Notary Public, residing at Boise, Idaho
My commission expires 7-8-68
(Seal)

Signed Weldon H Jeffries (FATHER)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1519 Colorado Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1966.

Notary Public, residing at Boise
My commission expires 7/10/68
(Seal)

Signed Raymond L. Reed
(Signature of Any Credible Person)

5336 S.E 68 Portland Ore.
(Street Address, City, State)

FORM DH 60-155

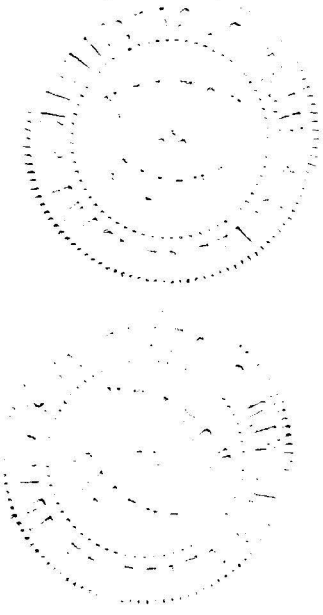
ICP fd rec # 14,180

Own childs birth certificate, # 257498 gives name of mother as Gladys Lorena Jeffries. Child born Dec. 15, 1936.
Viewed by V. S.

Certificate of marriage gives name as Gladys Lorena Jeffries married June 13, 1931 in the County of Malheur, S ate of Oregon. Minister, Edgar A. Pollock, Methodist Episcopal Church.
Viewed by V. S.

Insurance Policy gives name of father as Weldon Henry Jeffries. Policy issued May 16, 1938. Gem State Mutual Life Assn. Policy # 13734D7
Viewed by V. S.

Social Security Card, #519-24-4363 gives full name as Weldon Henry Jeffries - viewed by V.S.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12429

Primary Registration District No. 2114 Registered No. 38

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	Yes	Mar 14 1913

FATHER		MOTHER	
FULL NAME	William Jeffreys	FULL MAIDEN NAME	Bertha Lubeck
RESIDENCE	Cambridge Idaho	RESIDENCE	Cambridge Idaho
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Washington	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuntz M.D.

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 14 1913 C E Schmuntz Local Registrar

S-Y CO. 20174

JUL 29 1966

141-214-004-635

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

Registration District No. 26 File No. 12430

No. ..... St.

Primary Registration District No. 2114 Registered No. 59

Hospital .....

FULL NAME OF CHILD Marjorie Mable Adams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3rd	Yes	Mar 14 1913

FATHER		MOTHER	
FULL NAME	W Adams	FULL MAIDEN NAME	Nora Cleary
RESIDENCE	Salubria	RESIDENCE	Salubria
COLOR	White	AGE AT LAST BIRTHDAY (Years)	37
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	England	BIRTHPLACE	Nevada
OCCUPATION	Rancher	OCCUPATION	HW

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.46 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M.D.
(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar 14 1913 C E Schmutz Local Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—Dec.-1-12

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12430

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Adams (female) (Name on Original Certificate) who was born (Was Born or Died) on Mar. 14, 1913 (Date of Event)
in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED (Name, Birth, Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marjorie Mable Adams

CHARMAYNE R. SMITH
NOTARY PUBLIC CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Mar. 14, 1976

Subscribed and sworn to before me this 27 day of December, 1974

Charmayne R. Smith
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed X Mrs Betty A Cardinal
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

X 4329 Tompkins ave Oakland Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Alameda } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of December, 1974

Charmayne R. Smith
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed X Mrs Betty A Cardinal
(Signature of Any Credible Person)

X 4329 Tompkins ave Oakland Cal
(Street Address, City, State)

OFFICIAL SEAL
CHARMAYNE R. SMITH
NOTARY PUBLIC CALIFORNIA
ALAMEDA COUNTY
My Commission Expires Mar. 14, 1978

FORM DH 60-155

CL 12/16/74 nm

Family record gives name as Marjorie Mable Adams. born March 14, 1913 at Salubira, Idaho. father's name given as Richard John Adams and mother's name given as Lenora Laura O'Leary. viewed by V. S.

JAN 21 1975

Social Security Card gives name as Marjorie Mable Hume (556-50-3534). viewed by V. S.

389-121-044-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12431

Primary Registration District No. 2114 Registered No. 60

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4th	Yes	Mar 21 1913

FATHER	MOTHER
FULL NAME: Allen Childers	FULL MAIDEN NAME: Rella Babb
RESIDENCE: Cambridge Idaho	RESIDENCE: Cambridge Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 47 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Mo
OCCUPATION: Carpenter	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.80 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuntz MD

(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mar 21 1913 C E Schmuntz Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MAR 1 1 1970

819-121-0-4-455

Form V. S. No. 11-C—Rev. 4-25-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12432

Primary Registration District No. 2114 Registered No. 61

FULL NAME OF CHILD REX ALBERT HARVEY

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	Mar 21 1913

FATHER		MOTHER	
FULL NAME	James Harvey	FULL MAIDEN NAME	Louis Mercles
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge Ida.
COLOR	W	AGE AT LAST BIRTHDAY (Years)	35
COLOR	W	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Oregon	BIRTHPLACE	Kansas
OCCUPATION	Ranching	OCCUPATION	House wife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmitz M.D. (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

_____ 19____

Filed Mar 22 1913 C E Schmitz Registrar

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon. } ss.
County of Multnomah

Certificate No. 12432

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for no name (Name on Original Certificate) who was born (Was Born or Died) on March 21, 1915 (Date of Event)
in Caimbridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Parent and second person. (Bible Record, Insurance Policy, Etc.) prepared on Feb. 3rd. 1942 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Rex Albert Harvey

Subscribed and sworn to before me this 3rd
day of March, 1942

Walter H. Tooze III
Notary Public, residing at Portland, Oregon
My commission expires March 21, 1942
(Seal)

Signed James H Harvey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3716 S.E. 61th. Portland, Oregon.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Multnomah

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

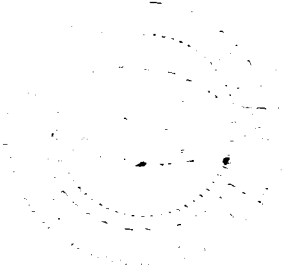
Subscribed and sworn to before me this 4th
day of March, 1942

Walter H. Tooze III
Notary Public, residing at Portland, Oregon
My commission expires March 21, 1942
(Seal)

Signed Walter O. Parsons
(Signature of Any Credible Person Other Than Previous Year)

2914 E. 33rd, Vancouver, Washington
(Street Address, City, State)

FEB 13 1975



795 - 122
044 - 96

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge W Ecor

Registration District No. 26 File No. 12433

No. St.

Primary Registration District No. 2112 Registered No. 62

Hospital

FULL NAME OF CHILD GEORGE ALLEN GREENE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		3rd	Yes	March 22 1913

FATHER	MOTHER
FULL NAME Lenord Greene	FULL MAIDEN NAME Cora Rose
RESIDENCE Weiser Idaho R7D No2	RESIDENCE Weiser Ida R7D No 11
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Mo	BIRTHPLACE Mo.
OCCUPATION Ranchman	OCCUPATION H W.

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuntz M D (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

.....19.....

Filed Mar 22 1913 C E [illegible] Registrar

W P. Hamilton Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1942

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: In own home.
(e) Mother's stay **BEFORE** delivery: In Hosp. or Mat. Home ____ days. IN **THIS** county 9 years ____ month ____ days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 9 yrs.
(f) Mother's mailing address Cambridge Idaho.

3. **RESIDENCE of FATHER** (city, state) Cambridge Ida.

4. **FULL NAME OF CHILD** George Allen Greene

5. Date of Birth (Month, day, year) 2/22/1913

6. Sex Male

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** John Leonard Greene
11. Color or Race White
12. Age at time of THIS birth 30 yrs.
13. Birthplace Mason County (City or town) Missouri (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business Farmer

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Cora Eulalia Rose
17. Color or Race White
18. Age at time of THIS birth 22 yrs.
19. Birthplace Mercer County (City or town) Missouri (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business Housewife

22. Name prophylactic used to prevent Ophthalmia Neonatorum Not Known
23. Number of children of this mother: (a) At time of birth and including this child 3 (b) Born alive and now living 3 (c) Born alive and now dead ~~None~~ (d) Stillborn

24. I HEREBY CERTIFY That I attended the birth of this child, who was ____ (born alive, stillborn) at ____ M. on the date and at the place stated above, and that personal particulars were furnished by ____ (First name) (Last name), who is related to this child as ____ (Mother, etc.)

26. (a) JUN 1 1942 (Date received) (b) ____ (Registrar's signature)

27. Given name added on ____ by ____ (Registrar's signature)

25. Attendant's **OWN** signature ____ M.D. (D.O., Midwife, etc.)
and address ____ Date

State of Washington } ss.
County of Lewis }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Cora Greene Lynch, being first duly sworn, say that I am related to (Related to (or) acquainted with) George Allen Greene (Name of person on certificate above) as Mother (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Smith (Name of attendant at birth), who attended said birth Cannot be located (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

Cora Greene Lynch Signature

712 "N" Street Centralia Washington P. O. Address

Subscribed and sworn to before me on this 21st day of April 1942

(SEAL) Lucile Seifert Notary Public, residing at Centralia

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

125-127044-412

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12434

Primary Registration District No. 2114 Registered No. 63

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.		4	Yes.	Mar 27 1918

FATHER		MOTHER	
FULL NAME	Harry Abernathey	FULL MAIDEN NAME	Golden Marler
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge Ida
COLOR	W	AGE AT LAST BIRTHDAY (Years)	32
COLOR	W	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Ida.	BIRTHPLACE	California
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

(Signature) C E Schmutz

M D

(Physician or midwife)

Address Cambridge Ida

Filed Mar 29 1918 C E Schmutz Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—(Rev. 5-15-52)

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

165-227-044-464

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Manale

No. ..... St.

Registration District No. 26 File No. 12435

Primary Registration District No. 2113 Registered No. 64

Hospital .....

FULL NAME OF CHILD Vandetta Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	3 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Porter M Jones	Bertha May Modrall
RESIDENCE	Manale Ida	Manale
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Tenn	Missouri
OCCUPATION	Rancher	House Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmitz M D

(Physician or midwife)

Address Manale Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar 29 1913 F A Schmitz

..... Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 - 386054

231-229-044-816

S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STAT

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 26 File No. 12436

Primary Registration District No. 2114 Registered No. 66

FULL NAME OF CHILD Olive Laura States

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Mar 29 1913

FATHER	MOTHER
FULL NAME: East Herbert States	FULL MAIDEN NAME: Martha Haviland
RESIDENCE: Cambridge Ida.	RESIDENCE: Cambridge Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 22 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Colorado	BIRTHPLACE: Michigan
OCCUPATION: Rancher	OCCUPATION: Home work

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schuyler M.D. (Physician or midwife)

Address Cambridge Ida.

Given names added from a supplemental report

..... 19.....

Filed Mar 31 19 13 C E Schuyler Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2-10-72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU VITAL STATISTICS FEB 25 11 00 AM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12436

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed States (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1913 (Date of Event)

in Cambridge (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Omitted	Olive Laura States

Subscribed and sworn to before me this 22nd day of FEB, 1972

George Ira Gamble

Notary Public residing at Roseburg, Ore

My commission expires April 18, 1975

(Seal)

Signed Leonard Styles

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Idleyld Rt. Box 286A

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Douglas }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of FEB, 1972

George Ira Gamble

Notary Public residing at Roseburg, Ore

My commission expires April 18, 1975

(Seal)

Signed Ethel Velma States Glenn

(Signature of Any Credible Person)

Idleyld Rt. Box 286A Roseburg Ore

(Street Address, City, State)

FORM DH 60-155 Correction corresp. (S)

From family bible. Holy Matrimony gives groom's name as Archie Dee Hopkins and the brides name as Olive Laura States. Married Aug 25, 1934 at Cambridge Idaho. Witnessed by Mrs. Earl States and Ronald Howland. Viewed by V. S.

MAR 30 1972

Driver's license from Oregon dated 3-14-63 gives name as Olive Laura Hopkins. Date of birth listed as 3-30-13. License No. 796403. Viewed by V. S.

238-130-044-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11.C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12437

Primary Registration District No. 214 Registered No. 66

FULL NAME OF CHILD Donivan C. Schutt

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		9th	Yes	Mar 30 1913

	FATHER	MOTHER
FULL NAME	Chas D Schutt	FULL MAIDEN NAME Josephine Johnson
RESIDENCE	Cambridge Ida	RESIDENCE Cambridge Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	56 (Years)	43 (Years)
BIRTHPLACE	Germany	BIRTHPLACE Sweden
OCCUPATION	Retired rancher	OCCUPATION House work

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmuck M.D.
(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar 31 1913 C E Schmuck Local Registrar

..... Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED BUREAU OF VITAL STATISTICS MAR 8 39 AM '76

State of CALIFORNIA } ss.
County of ALAMEDA

Certificate No. 12437

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Schutt (Male) (Name on Original Certificate) who was born (Was Born or Died) on Mar 30, 1913 (Date of Event)
in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Donivan Clyde Schutt

Subscribed and sworn to before me this 8th day of March, 19 76

Signed [illegible] Schutt Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at 25316 Mesa Ct Hayward

My commission expires 3-14-77

(Seal)

ADDRESS OF: 1543 SANTA CLARA ST
WAS NELLIE SCHOOL JOHNSEN: RICHMOND, CALIFORNIA

DORIS M. FISCHER
NOTARY PUBLIC
Alameda County, California
My commission expires Mar. 14, 1977

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Alameda

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of March, 19 76.

Signed X Mrs Elsie Salmon
(Signature of Any Credible Person)

Notary Public, residing at 25316 Mesa Ct Hayward

My commission expires 3-14-77

(Seal)

259 Ramona St Pittsburgh California
(Street Address, City, State)

DORIS M. FISCHER
NOTARY PUBLIC
Alameda County, California
My commission expires Mar. 14, 1977

FORM DH 60-155

CL 2/17/76 lcc pd rec. # 5619

Certificate of Confirmation from the LDS Church gives name as Mr. Donivan Schutt from the Grace Lutheran Church. D ted Oct 21, 1956.* viewed by V. S. MAR 2 4 1976

Marriage License and Certificate from Idaho gives name as Donivan C. Schutt and the bride's name as Martha Saldivas. datd Nov 5, 1939. viewed by V. S.

[redacted] IRTH [redacted]

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada
City of Ahsahka
694-111-018-281
No. ____, ____ St.

Registration District No. 17 File No. 12438
Primary Registration District No. 2078 Registered No. 9
Hospital
FULL NAME OF CHILD William Stephen Wiseman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 11, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Herman F. Wiseman	Rachel C. Shahsahka
RESIDENCE	Ahsahka, Ida	Ahsahka, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)		
BIRTHPLACE		W. Va
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 12
Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at —M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) —

(Physician or Midwife)

Address —

Given names added from a supplemental report

....., 19.....

Filed March 20, 1913 J. M. Daily Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 2 6 1974

843-110-018-796

CE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Drafino

No ....., ... St.

Registration District No 17 File No. 12439

Primary Registration District No. 2078 Registered No. 10

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		yes	March 10, 1913

FATHER	MOTHER
FULL NAME Allen A. Nastos	FULL MAIDEN NAME Callie Graffitt
RESIDENCE Drafino Ida	RESIDENCE Drafino, Ida
COLOR White	AGE AT LAST BIRTHDAY 44 (Years)
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Me.	BIRTHPLACE N. C.
OCCUPATION Attorney	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Gourley, MD

Drafino, Ida

(Physician or Midwife)

Address .....

Given names added from a supplemental report

....., 19.....

Filed Mch 12, 1913 J. M. Gourley

Registrar

SYMS - YORK CO., PTRS. & RDRS. 17320

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MUTILATED OR DEFACED CERTIFICATES WILL NOT BE PRESERVED FOR BINDING

DUP OF 1913-231012

465-219-018-25-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Clearwater

City of Nitpe

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 14 File No. 12440

Primary Registration District No. 2078 Registered No. 11

FULL NAME OF CHILD Ada Elizabeth Monroe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) 191 3 (Year)
Female			Yes	March 19

FATHER		MOTHER	
FULL NAME	Roy C. Monroe	FULL MAIDEN NAME	Bessie Kerlee
RESIDENCE	Nitpe, Ida	RESIDENCE	Nitpe, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mont	BIRTHPLACE	Mont
OCCUPATION	Forest Ranger	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Fairley

Physician

(Physician or Midwife)

Address Orofino, Ida

Given names added from a supplemental report

....., 19.....

Filed March 20, 1913 J. M. Fairley Registrar

.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUN 4 1952

168-231-018-000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 15-C—10m-8-1-43

PLACE OF BIRTH

County of Canyon

City of Russell

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17 — File No. 12441

Primary Registration District No 2078 — Registered No. 12

FULL NAME OF CHILD Unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jos G Johnson	
RESIDENCE	Russell Ida	Russell Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	51 (Years)	34 (Years)
BIRTHPLACE	—	Minn
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 6 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) J. M. Faidley

Physician
(Physician or Midwife)

Address Oraino, Ida

Filed Apr 1 1913 J. M. Faidley
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

2 mother see DC 13-4421

381-106-018-864

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Clearwater

City of Orofino

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 17

Primary Registration District No 2078

File No. 12442

Registered No. 13

FULL NAME OF CHILD John Chase

Sex of Child Male

Twin, Triplet or other? ____ and Number in order of birth ____ (To be answered only in event of plural births)

Legitimate? Yes

Date of birth February 6 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Elgin C. Chase

RESIDENCE Orofino, Ida

COLOR White

AGE AT LAST BIRTHDAY 50 (Years)

BIRTHPLACE Wis

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary E. Haworth

RESIDENCE Orofino Ida

COLOR Wh[redacted]

AGE AT LAST BIRTHDAY 39 (Years)

BIRTHPLACE Ind.

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) E. C. Chase
Father
(Physician or Midwife)

Address Orofino, Ida

Filed Feb 1, 13 J. M. Fairley
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 5 1955

213-108-0[illegible]9

PLACE OF B[illegible]

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 12443

No. —, St.

Primary Registration District No. 2020 Registered No. 12

Hospital —

FULL NAME OF CHILD William Orland Ballou

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	March 8th, 1913

FATHER		MOTHER	
FULL NAME	William C. Ballou	FULL MAIDEN NAME	Mollie Bernt
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Neb.	BIRTHPLACE	Neb.
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12-20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mather

Physician

(Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed March 10th 1913 B. W. Mather Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

215 - [redacted]431

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of King Hill

Registration District No. 20 File No. 12444

No. ____, ____ St.

Primary Registration District No. 2021 Registered No. 20

Hospital ____

FULL NAME OF CHILD George Arthur Bancroft

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	Single	3	yes	March 9th, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George A. Bancroft	FULL MAIDEN NAME	Myrtle McCarthy
RESIDENCE	King Hill	RESIDENCE	King Hill
COLOR	White	AGE AT LAST BIRTHDAY	41 (Years)
COLOR	White	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive March 9th 1913 at 5 a M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Geo. A. Bancroft

Physician

(Physician or Midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report

..... 19.....

Filed Mar 9th 1913 J. W. Davis Registrar

..... Registrar

B. W. Mather

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

2-28-41

FEB 28 1957

691-218-020-752

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 12445

No. —, —St. Primary Registration District No. 2020 Registered No. 17

Hospital —

FULL NAME OF CHILD Eva Laura Trampton

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	March 18th, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Clark Trampton	FULL MAIDEN NAME	Anna Mary Gestel
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Germany
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth. One

Number of children, of this mother, now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathes

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/22 1913 B. W. Mathes Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

853 - 214-020-312

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home — Registration District No. 20 — File No. 12446

No. —, — St.

Primary Registration District No. 2020 — Registered No. 14

Hospital —

FULL NAME OF CHILD Virginia Hahn

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	3, 14, 1913

FATHER		MOTHER	
FULL NAME	Milton C. Hahn	FULL MAIDEN NAME	Virginia DeLaBarre
RESIDENCE	Mtn Home	RESIDENCE	Mtn Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Minn
OCCUPATION	Photographer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 12:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician (Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3/15 1913 Buon Walther
Registrar

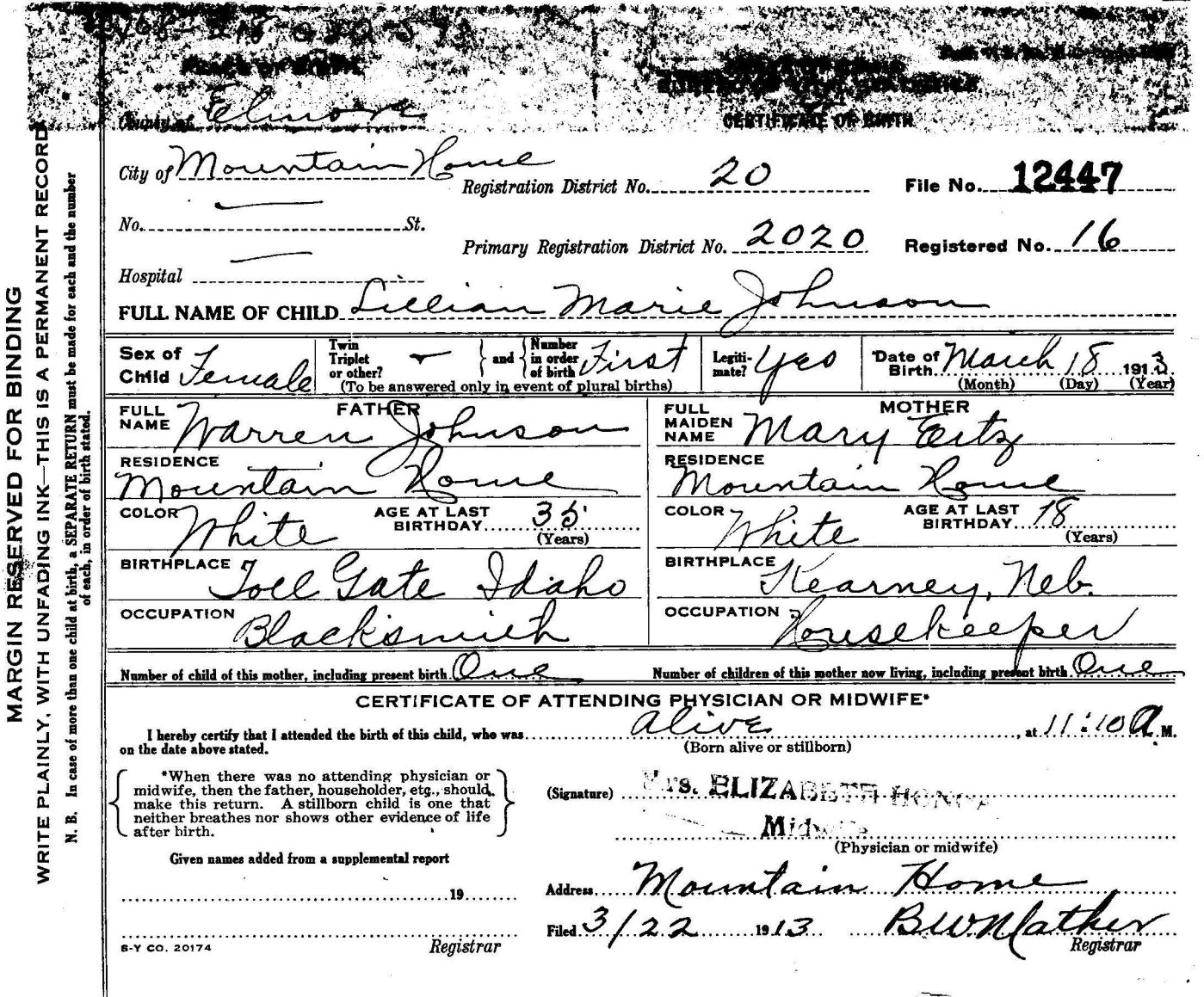
S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 9 1975



County of Elmore

CERTIFICATE OF BIRTH

City of Mountain Home — Registration District No. 20 — File No. 12447

No. ____ St. — Primary Registration District No. 2020 — Registered No. 16

Hospital ____

FULL NAME OF CHILD Lillian Marie Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	First	Yes	March 18 1913

FATHER		MOTHER	
FULL NAME	Warren Johnson	FULL MAIDEN NAME	Mary Fritz
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Toll Gate Idaho	BIRTHPLACE	Kearney, Neb.
OCCUPATION	Blacksmith	OCCUPATION	Housekeeper

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. ELIZABETH [illegible]

Midwife (Physician or midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed 3/22 1913 B.W. Mather Registrar

....., Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

AUG 2 1951

163-201-020-235

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No. 12448

No. —, St.

Primary Registration District No. 2024 Registered No. 19

Hospital —

FULL NAME OF CHILD Gertrude Arthur Tollinear

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	2	yes	March 1st, 1913

FATHER		MOTHER	
FULL NAME	George W. Tollinear	FULL MAIDEN NAME	Gertrude Steine
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Telegraph Operator	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 1st 1913, at 2:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed March 4th 1913 J. W. Davis Registrar

B. W. Mather

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 1 8 1991

313-115-020-119

PLACE OF BIRTH

STATE OF IOWA — Form V. S. No. 11-C

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Thurman — Registration District No. 20 — File No. 12449

No. —, —St. — Primary Registration District No. 2020 — Registered No. 22

Hospital —

FULL NAME OF CHILD John Samuel Tatimore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	3 16 1913

FATHER		MOTHER	
FULL NAME	Thos S Tatimore	FULL MAIDEN NAME	Sally Jarnagine
RESIDENCE	Thurman	RESIDENCE	Thurman
COLOR	White	AGE AT LAST BIRTHDAY (Years)	36
COLOR	White	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Tennessee	BIRTHPLACE	Tennessee
OCCUPATION	Stockman	OCCUPATION	Housewife

Number of child of this mother, including present birth fourth

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.14 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs S. E. Cammack

Midwife (Physician or Midwife)

Address Thurman

Given names added from a supplemental report

....., 19.....

Filed 3/21 19.13 Bwallather Registrar

.....
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

7-17-41

MAR 7 1969

415 - 110-020-386

PLACE OF BIRTH

[redacted]

IDAHO
Department of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Elmore

City of Mtn Home

Registration District No. 20

File No. 12450

No. —, St.

Primary Registration District No. 2020

Registered No. 13

Hospital —

FULL NAME OF CHILD Lovell Paul Manson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	Mch. 10, 1913

FATHER	MOTHER
FULL NAME: August Herman Manson	FULL MAIDEN NAME: Margaret Martina Thomson
RESIDENCE: Mtn Home	RESIDENCE: Mtn Home
COLOR: W. AGE AT LAST BIRTHDAY: 33 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: N. D.
OCCUPATION: Rancher	OCCUPATION: H. Wife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. L. Hawley

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed 3/15 1913 B. W. Walker Registrar

..... Registrar

S-Y CO., 16570

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

1/13/41/ EA

433-101-020-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Elmore

City of Mountain Home

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 20 File No. 12451

Primary Registration District No. 2020 Registered No. 11

FULL NAME OF CHILD George Henry McCoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Birth	Yes	March 1 1913

FATHER	MOTHER
FULL NAME Archie McCoy	FULL MAIDEN NAME Jennie Luella Avery
RESIDENCE Fairylawn Idaho	RESIDENCE Fairylawn Idaho
COLOR White	AGE AT LAST BIRTHDAY 39 (Years)
	COLOR White
	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Marysville Cal.	BIRTHPLACE Ulysses Pennsylvania
OCCUPATION Stockgrower	OCCUPATION Housekeeper

Number of child of this mother, including present birth Six

Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 11:10 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. ELIZABETH [illegible]

M. D.

(Physician or midwife)

Address Mountain Home

Given names added from a supplemental report

..... 19.....

Filed March 3rd 1913 B. W. Mathes Registrar

..... Registrar

5-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-109-020-219

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Elmore

City of Sunnyside

No. — St.

Hospital —

Registration District No. 20 File No. 12452

Primary Registration District No. 2020 Registered No. 21

FULL NAME OF CHILD Sundan Harvey Mc Kellar

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	3 (Month) 9 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Clyde B. Mc Kellar	FULL MAIDEN NAME	Nellie A Barker
RESIDENCE	Sunnyside	RESIDENCE	Sunnyside
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Ill.
OCCUPATION	Homesteader	OCCUPATION	Housewife

Number of child of this mother, including present birth. One

Number of children of this mother now living, including present birth. One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3.15 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs S. E. Cammack

Midwife
(Physician or Midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address Thurman

Filed 3/15 1913 B.W. Mather
Registrar

S-Y CO. 20175

433-229-020-981.

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mt Home

Registration District No. 20

File No. 12453

No. ____, ____ St.

Primary Registration District No. 2020

Registered No. 24

Hospital ____

FULL NAME OF CHILD Anna McLaughlin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Yes	May 29, 1913

FATHER		MOTHER	
FULL NAME	Daniel McLaughlin	FULL MAIDEN NAME	Mary C. Ryan
RESIDENCE	Mtn Home	RESIDENCE	Mt Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Virginia	BIRTHPLACE	Mississippi
OCCUPATION	Livery Stable	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. L. Frazier

Physician (Physician or Midwife)

Address Mtn Home, Ida

Filed 4/8 1913 B. W. Mather Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

435-217-020-575

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 12454

No. —, St.

Primary Registration District No. 2020 Registered No. 15

Hospital —

FULL NAME OF CHILD Helen Roberta Mc. Vicker

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	March 17th, 1913

FATHER		MOTHER	
FULL NAME	Herbert James Mc. Vicker	FULL MAIDEN NAME	Fay Ella Vaneil
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Missouri
OCCUPATION	Freighter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 1.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Walker

Physician

(Physician or Midwife)

Address Mountain Home

Filed March 20th, 1913. B.W. Walker Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 10 1965

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

9 Order of Birth 2-38

STATE OF IDAHO. Form V. S. No. 11-C—15m-6-12.

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No. 12955

No. —, St. Primary Registration District No. 21 Registered No. 23

Hospital —

FULL NAME OF CHILD Forest Charles Rueberry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	2	yes	Mar. 29th, 1913

FATHER		MOTHER	
FULL NAME	William Rueberry	FULL MAIDEN NAME	Mazanna Blythe
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) March 29th 1913, at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D

Physician (Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19....

Filed Mar 29th 1913

Registrar

S-Y CO., 16670

Registrar

B.W. Mather

NOV 3 1941

JAN 14 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

City of Mountainhome Registration District No. 20 File No. 12456

No. Idaho St. Primary Registration District No. 2020 Registered No. 18

Hospital

FULL NAME OF CHILD Esther Lillian Tate

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 23 1913

FATHER	MOTHER
FULL NAME William King Tate	FULL MAIDEN NAME Ethel Belle Wayte
RESIDENCE Mountainhome Idaho.	RESIDENCE Mountainhome Idaho.
COLOR White	AGE AT LAST BIRTHDAY 40 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Atlanta Georga.	BIRTHPLACE Soldier Idaho.
OCCUPATION Stockman	OCCUPATION House wife.

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2-10 morning on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Mrs. ELIZABETH [illegible]

Midwife
(Physician or midwife)

Address Mountain House

Filed 3/26 1913 B.W. Mather
Registrar

8-Y CO. 20174

Form V. S. No. I-C-60m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

386-224
001-285

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12457

County of Ada

City of Boise

No. 1007, Bannock St.

Registration District No.

Primary Registration District No.

Registered No. 198

Hospital

FULL NAME OF CHILD Verona Grace Thornhill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Jan. 24, 1913

FATHER

FULL NAME	John B. Thornhill
RESIDENCE	1007 Bannock St. Boise
COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Texas
OCCUPATION	Doctor

MOTHER

FULL MAIDEN NAME	Jessie E. Shearer.
RESIDENCE	1007 Bannock St. Boise, Ida.
COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Washington
OCCUPATION	House Wife

Number of child of this mother, including present birth. two.

Number of children, of this mother, now living, including present birth. two.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive, at 12 M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. B. Thornhill,
(Physician or Midwife)

Address 1007 Bannock St.,

Given names added from a supplemental report

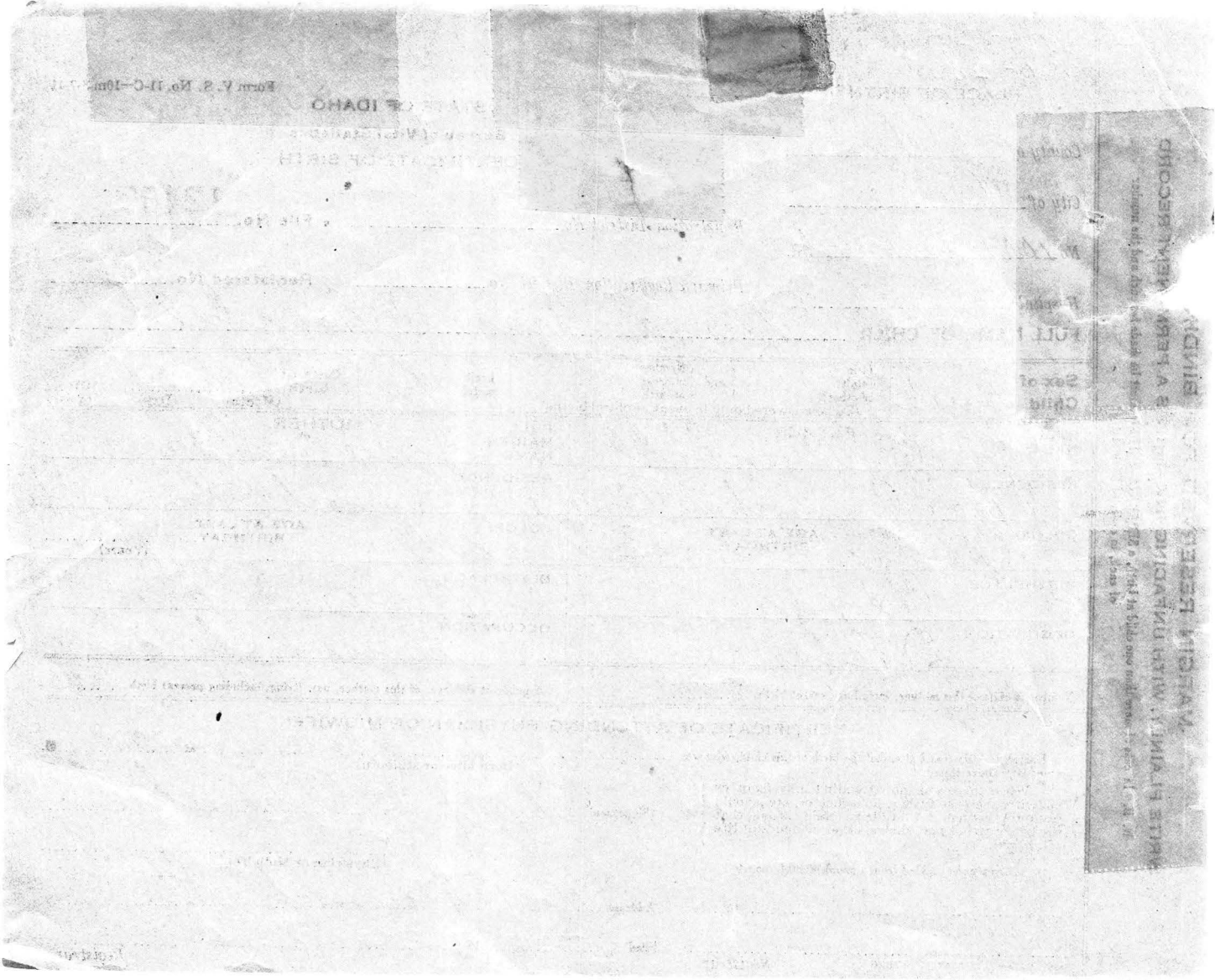
....., 19.....

Filed 3-21 19 13 Geo. H. Bowman
Registrar

.....
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



719-127-001-314

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12458

County of Ada

City of Boise — Registration District No. ____ File No. ____

No. ____, ____ St.

Primary Registration District No. ____ Registered No. 107

Hospital St. Lukes

FULL NAME OF CHILD Edward Cameron Garraut

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 27, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward N Garraut	Agnes May Cameron
RESIDENCE	Boise Barracks	St. Lukes Hospital
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	20
BIRTHPLACE	Mass.	Scotland
OCCUPATION	U.S. Soldier	waitress

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 3-29 19 13 C. S. McConnell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

367-218-001-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Ada

City of Boise

No. 1615 N 7th St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12459

Registration District No. File No.

Primary Registration District No. Registered No. 106

FULL NAME OF CHILD Adele Bernice Cox

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 18th 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. E. Cox	Sadie Peterson
RESIDENCE	1615 No 7th St	1615 N. 7th St
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 26	White / 30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-29 1913 C. S. McConnell

S-Y CO., 16670

Registrar

Registrar

JUN 25 1973

APR 06 2001

613-120-001-412

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12460

County of Ada

City of Boise

Registration District No.

No. 2507, Ada St.

Primary Registration District No.

Registered No. 105

Hospital

FULL NAME OF CHILD James Aaron Wales Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	March 20th, 1913

FATHER		MOTHER	
FULL NAME	James A. Wales	FULL MAIDEN NAME	Phoebe L. Marohn
RESIDENCE	2507 Ada St.	RESIDENCE	2507 Ada St
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-29 1913 E. S. McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 21 1942

602-121-001-239

PLACE OF BIRTH

Form V. S. No. 11-B—15m-9-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12461

County of Ada

City of Boise

Registration District No.

No. 1602, No 21st St.

Primary Registration District No.

Registered No. 1001

Hospital

FULL NAME OF CHILD Hugh Vernon Foster

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	March 21st, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. C. Foster	Edith I. Shain
RESIDENCE	1602 No. 21st St.	1602 No 21st St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Wisconsin	Nebraska
OCCUPATION	Lineman Ltg.	Housewife

Number of child of this mother, including present birth 2nd

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed March 24 1913 E. S. [illegible]

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. Va. 11-C—Rev. 6-30-11

8466 - 222-001-212

PLACE OF BIRTH

Form V. S. No. 10-Rev. 4-9

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. — File No. 12462

Rear No. 13½ & Ridenbaugh St.

Primary Registration District No. — Registered No. 102

Hospital

FULL NAME OF CHILD Esther Mary Huffman

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female	—	—	yes	March 22nd, 1913

FATHER		MOTHER	
FULL NAME	Chas. M. Huffman	FULL MAIDEN NAME	Bessie Barker
RESIDENCE	rear of 13½ & Ridenbaugh (N.W.)	RESIDENCE	13½ & Ridenbaugh
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Mo.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D. (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-27-13 Edna McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 26 1941

236-124-001-264

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 12463

No. _____, _____ St.

Primary Registration District No. _____ Registered No. 102

Hospital St. Lukes

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	March 24, 1913

FATHER	MOTHER
FULL NAME: D. C. Stoltzmyer	FULL MAIDEN NAME: Lavina F. Downs
RESIDENCE: 2nd & Main Sts	RESIDENCE: 2nd and Main Sts
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Louisiana	BIRTHPLACE: Penn.
OCCUPATION: Attorney	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1st

Number of children, of this mother, now living, including present birth: 1 Child lived 8 hours.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-29 1913 C. S. McCornack

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-126-001-445

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 12464

No. 1221 E. Franklin

Primary Registration District No. _____ Registered No. 101

Hospital _____

FULL NAME OF CHILD FRED WILLIAM HARVILL

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
male				yes	Mar. 26th 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Robert William Harvill	FULL MAIDEN NAME Daisy Murray
RESIDENCE 1221 E. Franklin	RESIDENCE same
COLOR white	AGE AT LAST BIRTHDAY 21 (Years)
	COLOR white
	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Oregon
OCCUPATION Machinist	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at A. M. P. M. on the date above stated.

(Signature) Fred A. Billenger

Physician (Physician or midwife)

Address Falk Bldg.

Filed 3-28 19 13

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

..... 19.....

Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho)
)ss
County of Ada)

Certificate No. 12461

Date Filed Mar. 28, 1913

The undersigned does solemnly swear that certain facts on the certificate of birth (birth or death) for Unnamed Harvill (Name on original certificate) who was born (was born or died) on Mar. 26, 1913 (Date of event) in Boise, Idaho (Place of event) are erroneous or were ommitted; and that, to the best of his knowledge, the true facts of the case as shown by Fathers (Bible record, insurance plcy.etc.) prepared on Sept. 15, 1941 (Give date) are:

FACTS TO BE CORRECTED (Name, birthdate,etc.)	FROM (As on original)	TO (The correct facts)
Name	no name given	Fred William Harvill
Father's name	J. Robert	~~Robert William~~

Subscribed and sworn to before me this 15 day of September 1941

Signed Robert William Harvill
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public
Residing at Boise Ida.

R. #1, Nilba, Idaho
(Street address, City, State)

My commission expires 11-5-43

(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON
(Both affidavits must be completed)

State of .....)
)ss
County of .....)

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....day of .....19..

Signed .....
(Signature of any credible person other than the previous affiant.)

NOV 14 1972

Notary Public
Residing at .....

(Street address, City, State)

My commission expires .....
(SEAL)

453-124-001-713

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-6-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 12465

No. _____, _____ St.

Hospital St. Lukes

Primary Registration District No. _____ Registered No. 100

FULL NAME OF CHILD Riley Edward DeLap

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 24, 1913

FATHER		MOTHER	
FULL NAME	Fred C. DeLap	FULL MAIDEN NAME	Pearl Parker
RESIDENCE	1411 Alturas St.	RESIDENCE	1411 Alturas
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Neb.
OCCUPATION	Presser	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 7 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Riley

Physician

(Physician or Midwife)

Address Boise Ida

Given names added from a supplemental report

....., 19.....

Filed 3-27 19 13

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

DEC 21 1961

493-224-001-25-9

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 526, S 13th St.

Hospital

Registration District No

File No. 12466

Primary Registration District No.

Registered No. 90

FULL NAME OF CHILD Annie Milove

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 24, 1913

FATHER		MOTHER	
FULL NAME	Morris Milove	FULL MAIDEN NAME	Bertha Sergrs
RESIDENCE	526 So 13th	RESIDENCE	526 S 13th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Tailor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5.40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-27 19.3 E. L. McConnell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

593-218-001-215

Form V. S. No. 11—10m-[illegible]-41

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No. 1410 Jeff St.

Hospital 1410 Jeff

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 12467

Primary Registration District No. _____ Registered No. 98

FULL NAME OF CHILD not named Kathryn Marguerite Nicholson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	3 - 18 - 1913

FATHER		MOTHER	
FULL NAME	Chas. E Nicholson	FULL MAIDEN NAME	Katie Sanderson
RESIDENCE	1410 Jefferson	RESIDENCE	1410 Jefferson
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Sweden	BIRTHPLACE	Boise, Ida
OCCUPATION		OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children, of this mother, now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James E. Stewart (Physician or Midwife)

Address 410 Overland

Given name added from a supplemental report

3 - 24 - 1913

Filed 3 - 25 - 1913 L. S. McConnell Registrar

Registrar

S-Y CO., 16669

AUG 22 1957

JUL 30 1968

762-104-001-156

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 1117 No 8 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No.

File No. 12468

Primary Registration District No.

Registered No. 97

FULL NAME OF CHILD Wm [illegible] EDWARD Gowans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		✓	yes	3 4 1913

	FATHER	MOTHER
FULL NAME	John Gowans	FULL MAIDEN NAME Mary Jane Jefferson
RESIDENCE	1117 No 8	RESIDENCE 1117 No 8 Boise
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Switzerland	BIRTHPLACE England
OCCUPATION	Butcher	OCCUPATION H W

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6.45 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. S. Peters

Physician or Midwife

Given names added from a supplemental report

....., 19.....

Address

Filed 3-24 19 13 C. M. McConnell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 12468

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Wm. Jefferson Gasser (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Mar. 4, 1912 (DATE OF EVENT)
in Boise, Ida. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Mother (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Wm. Jefferson Gasser	Wm. Edward Gasser

Subscribed and sworn to before me this 30th
day of December, 1941
Frank J. Kester
Notary Public, residing at Boise, Ida.
My commission expires 11/26/45
(SEAL)

Signed Mrs. John E. Gasser.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
414 O'Farrell St., Boise Ida.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

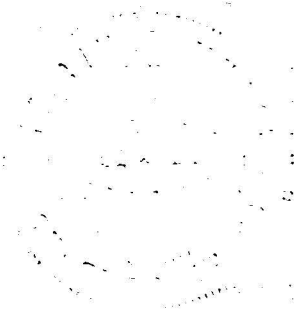
State of Idaho } ss.
County of Ada

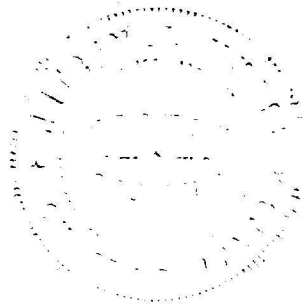
[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 30th
day of December, 1941
Frank J. Kester
Notary Public, residing at Boise, Ida.
My commission expires 11/26/45
(SEAL)

Signed John E. Gasser
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
414 O'Farrell St. Boise Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)





789-221-001-249

Form V. S. Ida. 11-G—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Alphonsus

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 12469

Primary Registration District No. .....

Registered No. 76

FULL NAME OF CHILD Phillippi

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
M.			yes	3	21	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Phillippi	Grace Durham
RESIDENCE	So Boise	So Boise
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	30	37
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Moulder	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pettinger

(Physician or midwife)

Address Falk Bldg

Given names added from a supplemental report

..... 19.....

Filed 3/24 1913

..... Registrar

S-Y CO. 20174

Registrar

JAN 25 1971

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

5-97-212-001-128

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ____ File No. 12470

No. ____, ____ St.

Primary Registration District No. ____ Registered No. 95

Hospital St Alphonsus MARIELLA, MARGARET ERGENBRIGHT

FULL NAME OF CHILD ~~Mary Ella~~ Ergenbright

Sex of Child Female | Twin, Triplet, or other? / | and Number in order of birth / (To be answered only in event of plural births) | Legitimate? yes | Date of birth March (Month) 12 (Day), 1913 (Year)

FATHER	MOTHER
FULL NAME Geo. M. Ergenbright	FULL MAIDEN NAME Evelyn Ashby
RESIDENCE 1213 W. Bannock St.	RESIDENCE 1213 Bannock St. Boise Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Chicago Ill.
OCCUPATION Nightman in Garage	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) March 12/13 at 5 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician ~~or Midwife~~)

Address Boise Idaho

Given name added from a supplemental report

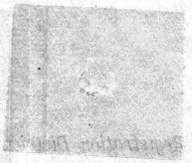
....., 19.....

Registrar

Filed 3-24 1913 Elmer Connell

Registrar

S-Y CO., 16669



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Kansas } ss.
County of Sedgwick }

Certificate 13470

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Mary Ella Ergenbright (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on Mar. 12, 1913 (DATE OF EVENT)
in Boise, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by birth announcement (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Mar. 13, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Mary Ella Ergenbright	Mariella Margaret Ergenbright

Subscribed and sworn to before me this 12th
day of Aug., 19 42
Casilda M. Ralston
Notary Public, residing at Wichita, Kans.
My commission expires 2-1-45
(SEAL)

Signed Mrs. Evelyn Ergenbright
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
441 N. St. Paul, Wichita, Ks.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Kansas } ss.
County of Sedgwick }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th
day of Aug., 1942
Casilda M. Ralston
Notary Public, residing at Wichita, Kansas
My commission expires 2-1-45
(SEAL)

Signed Earl E. McCreary
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
448 Lulu Wichita Ks.
(STREET ADDRESS, CITY, STATE)

Received for filing on AUG 17 1942 By
(REGISTRAR'S SIGNATURE)

OCT 2 9 1942

MAY 14 1964

AUG 2 0 1942

152-119-001-219

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. ____ File No. 12471

No. 808 N. 10th St.

Primary Registration District No. ____ Registered No. 941

Hospital St. Lukes

FULL NAME OF CHILD Baby Jessup

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		One	yes	3 - 19 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert A. Jessup	Phoebe E. Barnes
RESIDENCE	808 N. 10th	808 N. 10th St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	29
BIRTHPLACE	Oregon	Mont
OCCUPATION	Dentist	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 00 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Drs. Stewart & Smith

(Physician or Midwife)

Address ____

Given name added from a supplemental report

3-21- 1913

Registrar

Filed 3-21- 1913 [illegible]

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

653-216-001-453

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 420 Grand Ave. St.

Hospital ✓

Registration District No. .....

File No. 12472

Primary Registration District No. .....

Registered No. 93

FULL NAME OF CHILD Ella Nora Hellows

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		8th	Yes	March 16, 1913

FATHER		MOTHER	
FULL NAME	James Fellows	FULL MAIDEN NAME	Bertha Delfel
RESIDENCE	420 Grand Ave	RESIDENCE	420 Grand Ave
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 8th

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 Noon M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sw Forney. MD.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 3-20 1913 C. L. McConnel

S-Y CO., 16670 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 1 1 1942

653-216-001-495

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12473

County of Ada

City of Boise

No. 420, Grand Ave

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. 97

Hospital .....

FULL NAME OF CHILD Dora Ellen Fellows

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl		7th	yes	Nov. 16, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Fellows	Bertha Diefil
RESIDENCE	420 Grand ave	
COLOR	wh	wht
AGE AT LAST BIRTHDAY (Years)	36	32
BIRTHPLACE	Idaho	Kansas
OCCUPATION	Coroner	Nurse

Number of child of this mother, including present birth 7th

Number of children, of this mother, now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E W Toomey MD

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed 3-20 1913 C. L. McConnell

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

358-110-001-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No ....., ... St.

Hospital St Lukes

FULL NAME OF CHILD Monte Lehman

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No .....

File No. 12474

Primary Registration District No .....

Registered No. 91

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1	yes	3 10 1913

FATHER		MOTHER	
FULL NAME	Paul Lehman	FULL MAIDEN NAME	Beulah - LaTsague
RESIDENCE	420 So 12	RESIDENCE	420 So 12
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	New Ulm Minn	BIRTHPLACE	Joplin Mo.
OCCUPATION	Sign Painter	OCCUPATION	H.W.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Lutes

(Physician or Midwife)

Boise

Address .....

Given names added from a supplemental report

....., 19.....

Filed 3-13 1913 L. E. Williams

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

JUN 5 1962

864-212-001-633

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No 1137 River *St.*

Hospital

Registration District No

File No. 12475

Primary Registration District No.

Registered No. 90

FULL NAME OF CHILD Cora Homan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		1	yes	3 12 1913

FATHER	MOTHER
FULL NAME: Fred Homan	FULL MAIDEN NAME: Cora Utt
RESIDENCE: 1137 River St	RESIDENCE: 1137 River
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 40 (Years)
BIRTHPLACE: England	BIRTHPLACE: New York
OCCUPATION: Painter	OCCUPATION: H. W.

Number of child of this mother, including present birth: 8

Number of children, of this mother, now living, including present birth: 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Litton

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3/17/13 L & S Wood Counsel

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-D—10m-8-7-11

253-112-001-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 606 S. 13 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 12476

Primary Registration District No.

Registered No. 89

FULL NAME OF CHILD Cecil Bingham Beckstead

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	Yes	3 12 1913

FATHER		MOTHER	
FULL NAME	W R. Beckstead	FULL MAIDEN NAME	Effie L. Bingham
RESIDENCE	Boise Idaho	RESIDENCE	Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Railroader	OCCUPATION	Hw

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7:30 M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Allen Conaway

Physician

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3-15 19 C.S.M. Connell
Registrar

S-Y CO. 20174

455-114-001-136

child's named amended 12/26/03 11k

Form V. S. No. 11-C—25m-1-1-13

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 12477

No. 307 E. Bannock St.

Primary Registration District No. _____ Registered No. 86

Hospital _____

FULL NAME OF CHILD Joseph Albert Mendiola

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Mar. 14 1913.

FATHER	MOTHER
FULL NAME: Jose Mendiala	FULL MAIDEN NAME: Juan ~~Alodola~~ -- Aldecoa
RESIDENCE: 307 E. Bannock	RESIDENCE: 307 E.Bannock
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 46 (Years)	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Basco Spain	BIRTHPLACE: Basco Spain
OCCUPATION: Sheepman	OCCUPATION: Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 A M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Pfeufer

Physician (Physician or midwife)

Given names added from a supplemental report.

_____ 19____

Address Falk Bldg.

Filed 3-15 19 13

_____ Registrar

_____ Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Ada } SS

Certificate No. 1913-12477
Date Filed 3/15/13

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for baby boy Mediola (Name on Original Certificate) who was born (Was Born, Died, etc.) on March 14, 1931 (Date of Event Reported on Original Certificate)
in Boise, Idaho (Ada) (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's full name	Baby boy Mendiola	Joseph Albert Mendiola
mother's last name	Alodoia	Aldecoa

Subscribed and sworn to before me this 26th day of December, 2003
Notary Public, Lisa Keller
Residing at Boise, Idaho
My commission expires (Seal) 7/14/09

Signature of Applicant
2224 ELDERBERRY PL BOISE, ID 83706
Street Address, City, State and Zip

LISA KELLER NOTARY PUBLIC STATE OF IDAHO

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☐)

State of
County of } SS

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____
Notary Public, _____
Residing at _____
My commission expires _____ (Seal)

Signature of Applicant
Street Address, City, State and Zip

12/26/03

Certificate of death dated 7/16/47 state file #47-153778 for Joseph Albert Mendiola.
Viewed by VS

512-104-001-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1104, N 19 St.

Registration District No. _____ File No. 12478

Primary Registration District No. _____ Registered No. 87

Hospital _____

FULL NAME OF CHILD Donald Chester Easter

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	—	—	yes	Mar. 4, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chester F Easter	Minnie Rowland
RESIDENCE	1104 N 19 Boise	1104 N 19 Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	32
BIRTHPLACE	Kansas	England
OCCUPATION	Y.M.C.A Secretary	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. L. Glass

(Physician or Midwife)

Address Boise

Filed 3-15 19 13 C. S. McConnell Registrar

Given names added from a supplemental report

_____, 19____

_____ Registrar

S-Y CO., 16670

JUL 15 1955

434-104-001-281

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No 1171, Lee St.

Hospital St Lukes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 12479

Primary Registration District No. _____ Registered No. 86

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	1	1	Yes	March 4 1915

FATHER		MOTHER	
FULL NAME	Charles H McDonald	FULL MAIDEN NAME	Grace E. Shawver
RESIDENCE	1171 Lee St	RESIDENCE	1171 Lee St
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9:50 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Turkey

Physician

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 3-15 1915 C. S. McConnell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

291-128-001-349
PLACE OF BIRTH

Form V. S. No. 11—10m.

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. — File No. 12480

No. 1317 N. Bannock St. — Primary Registration District No. — Registered No. 85

Hospital

FULL NAME OF CHILD: WILLIAM KENNETH BRAY

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/		yes	Feb. 28th 1913

FATHER		MOTHER	
FULL NAME	William K. Bray	FULL MAIDEN NAME	Helen Curtis
RESIDENCE	Dillon Montana	RESIDENCE	Dillon Montana
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Montana	BIRTHPLACE	Montana
OCCUPATION	Stock Raiser	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) March 1st 1913, at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or ~~Midwife~~)

Given name added from a supplemental report

March 11, 1913

Registrar

Address

Filed 3/12 1913 C. L. McConnell Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING
WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 12450

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for WILLIAM KENNETH BRAY (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on FEBRUARY-28-1913 (DATE OF EVENT)
in BOISE-IDAHO (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	William Kenneth Bray
birthdate	Mar. 1, 1913	Feb. 28, 1913

Subscribed and sworn to before me this 19
day of June A.D. 1942
Notary Public, residing at Absarokee, Mont.
My commission expires ..... A.M.
(SEAL) 1942

Signed Helen C. Bray
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana } ss.
County of Stillwater }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st
day of August 19 42
Notary Public, residing at Absarokee, Mont.
My commission expires Feb 13 1942
(SEAL)

Signed Mrs Rupert Garrison
(SIGNATURE OF ANY CREDIBLE PERSON, OTHER THAN PREVIOUS AFFIANT.)

Absarokee, Mont
(STREET ADDRESS, CITY, STATE)

Received for filing on AUG 24 1942 By .....
(REGISTRAR'S SIGNATURE)

AUG 25 1942

433 - 104-001-291

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 12481

No. 1315 Grand Ave. St.

Primary Registration District No. _____ Registered No. 81

Hospital _____

FULL NAME OF CHILD Woodrow W. Melin

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 4th 1913

FATHER		MOTHER	
FULL NAME	James D. Melin	FULL MAIDEN NAME	Bertha H. Krafft
RESIDENCE	South Boise	RESIDENCE	South Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	51 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Knox Co. Tenn	BIRTHPLACE	Quray Colo
OCCUPATION	Farmer	OCCUPATION	House-Keeper

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11-55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. P. Haley

(Physician or ~~Midwife~~)

Address Boise

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 3-10 1913 C. S. McConnell Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 8 1970

669-128-001-396

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 209 W. Spro Ave. St.

Hospital

Registration District No.

File No. 12482

Primary Registration District No.

Registered No. 93

FULL NAME OF CHILD Wayne Garrett Forbis

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feb 28th 1913

FATHER	MOTHER
FULL NAME W. G. Forbis	FULL MAIDEN NAME Rosa C. Crouse
RESIDENCE 259 Wm Spring Ave	RESIDENCE 259 Warm Spro Ave.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Missouri	BIRTHPLACE Montana
OCCUPATION Minister	OCCUPATION Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 05 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3—10 1913

68 McConnell
Registrar

S-Y CO., 16670

NOV 2 2 1972

755 - 103 - 001 - 113

PLACE OF BIRTH

County of Ada

City of Boise

No. ____, ____ St.

Hospital St Alphonsus

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. ____ File No. 12483

Primary Registration District No. ____ Registered No. 82

FULL NAME OF CHILD ~~Infant Peninger~~ PAUL GEORGE PENINGER

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 3d, 1913

FATHER		MOTHER	
FULL NAME	Geo. C. Peninger	FULL MAIDEN NAME	Jad Jackson
RESIDENCE	Caldwell Idaho	RESIDENCE	Caldwell, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	California	BIRTHPLACE	Oregon
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive March 3 1913, at 1:15 P. M., on the date above stated. (Born alive [redacted])

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. R. Numans

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 3-10-13 C S M Turner Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 27 1943

413-106-001-276

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. ____ File No. 12484

No. 620 N. 9th St. — Primary Registration District No. ____ Registered No. 87

Hospital St. Alphonsus

FULL NAME OF CHILD John Goodell Mack

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	NO		One	yes	3 - 6, 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	John Jay Mack	FULL MAIDEN NAME	Helen G. Spofford
RESIDENCE	620 N. 9th St	RESIDENCE	620 N. 9th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Terre Haute Ind	BIRTHPLACE	Kearney Nebr
OCCUPATION	Manager of Armours Co.	OCCUPATION	Housewife

Number of child of this mother, including present birth: One

Number of children, of this mother, now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James S. Stewart
(Physician or Midwife)

Address ____

Given name added from a supplemental report

3 - 6 - ____, 1913

Filed 3 - 8 - 13 L. S. McConnell
Registrar

S-Y CO., 16669 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 3 1948

FEB 5 1944

APR 2 6 1944

285-228-001-391

PLACE OF BIRTH

County of Ada

City of Boise

No. 1711 N. 18 St.

Hospital

Form V. S. No. 15-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No.

File No. 12485

Primary Registration District No.

Registered No. 8

FULL NAME OF CHILD HELEN EDMONIA SHEAFFER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			L.	Feb 28 1913

FATHER

FULL NAME Sudlow Sheaffer

RESIDENCE 1711 N 18 -

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Ind.

OCCUPATION Farmer.

MOTHER

FULL MAIDEN NAME Nora Creighton

RESIDENCE 1711 N 18 -

COLOR W AGE AT LAST BIRTHDAY 34 (Years)

BIRTHPLACE Mo.

OCCUPATION H. W.

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR [redacted]*

I hereby certify that I attended the birth of this child, who was ..... (Born alive [redacted]) at 5.7. P. M. on the date above stated.

(Signature) John Brock

(Physician [redacted])

Address Boise Idaho

Filed 3-8 19 13 Edw McConnel
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Clark

Certificate No. 12485

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for unamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb 28 1913 (DATE OF EVENT)
in Boise Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown ~~by~~ from my own prepared on personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Helen Edmonia Sheaffer

Subscribed and sworn to before me this 20
day of April, 1942

Signed L. B. Sheaffer
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Vancouver

1500 E St Vancouver Wash
(STREET ADDRESS, CITY, STATE)

My commission expires Dec 27, 1942
(SEAL)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires
(SEAL)

Received for filing on APR 27 1942 By
(REGISTRAR'S SIGNATURE)

APR 29 1942

MAY 9 1966

556-106-001-389

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 12486

No. 1818 N 9 St.

Primary Registration District No. _____ Registered No. 389

Hospital _____

FULL NAME OF CHILD Henry James Newcomer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L.	Mar 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry James Newcomer	Annie Christian
RESIDENCE	1818 N 9	1818 N 9
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	59	37
BIRTHPLACE	Va	Va
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Burch

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

Filed 3-8 1913

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 2 4 1971

Certified copy issued 2-18-1941. dp

851-224-001-781

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2006 N 14 St.

Hospital

Registration District No. _____ File No. 12487

Primary Registration District No. _____ Registered No. 78

FULL NAME OF CHILD ~~Harlan~~ Marion Annabel Hearne

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			Yes	Feb (Month) 24 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Walter ~~Burton~~ Hearne	FULL MAIDEN NAME	Edith Pratt
RESIDENCE	2006 N 14	RESIDENCE	2006 N 14
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Minn
OCCUPATION	clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was Born alive [illegible] on the date above stated., at 8.15 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boucher

(Physician or [illegible])

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

Filed 3-8 1913

6 SMC Cornell

Registrar

S-Y CO. 20174

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 12487

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Feb. 24, 1913 (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Marian Hern	Marion Annabel Hearne

Subscribed and sworn to before me this 20 day of Oct., 1943

Notary Public, residing at Boise

My commission expires 11/4/47
(Seal)

Signed Edith J. Hearne
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

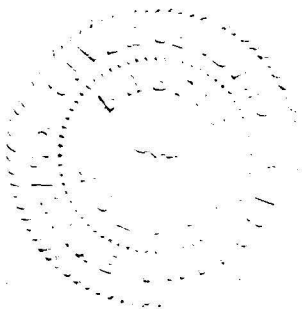
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



OCT 1 0 1943

275-123-001-569

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. B-C—Rev-1-25-43

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 519 S 14 St.

Hospital

Registration District No.

File No. 12488

Primary Registration District No.

Registered No. 78

FULL NAME OF CHILD John Raymond Spencer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	Feb 23 1913

FATHER		MOTHER	
FULL NAME	Marbie Spencer	FULL MAIDEN NAME	Armanda Normassen
RESIDENCE	519 S 14	RESIDENCE	519 S 14
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Colo.	BIRTHPLACE	Utah
OCCUPATION	Hostler at R.R.	OCCUPATION	H.W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bank

(Physician or ~~Midwife~~)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-8 1913 Cas McConnell Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. H-O- Rev 2-15-32

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

DEC 3 1948

FEB 18 1959

415-209-001-638

Form V. S. No. 11-C [illegible]

[illegible] HO
[illegible] TATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. 1429 E. Jeff St.

Hospital

Registration District No. _____ File No. 12489

Primary Registration District No. _____ Registered No. 76

FULL NAME OF CHILD Pearl Margarette Manley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				L	Feb 9 1913

FATHER		MOTHER	
FULL NAME	Joseph Manley	FULL MAIDEN NAME	Margarette Flynn
RESIDENCE	1429 E. Jeff.	RESIDENCE	1429 E Jeff.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Cal	BIRTHPLACE	Colo
OCCUPATION	Electrician	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR [illegible]*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boeck

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

Filed 3-8 19 13

..... Registrar

S-Y CO. 20174

Elm Conner Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 9 1974

266-201-001-261

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1509 N 12 St.

Hospital

Registration District No. _____ File No. 124[redacted]

Primary Registration District No. _____ Registered No. 75

FULL NAME OF CHILD ~~MARGARET ELTHA BOWER~~

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			L	Feb 1 1913

FATHER		MOTHER	
FULL NAME	Leroy C. Bower	FULL MAIDEN NAME	Lavina Swanson
RESIDENCE	1509 N 12	RESIDENCE	1509 N 12
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Kans	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN [redacted]

I hereby certify that I attended the birth of this child, who was Born alive [redacted] at 12 A.M. on the date above stated.

"When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bowk

(Physician [redacted])

Address Boise Idaho

Filed 3-8 1913 C. E. McConnell

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Ada } ss.

Certificate No. 12490

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Margaret Eltha Bower (Birth or Death)
for (Name on Original Certificate) who born (Was Born or Died) on February 1st 1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	no name	Margaret Eltha Bower

Subscribed and sworn to before me this 13th
day of February, 1942.

Justice of the Peace
Notary Public, residing at Boise Idaho

My commission expires
(Seal)

Signed John W. Leonard
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R W Adams
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Ada } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th
day of February, 1942.

R W Adams
Justice of the Peace
Notary Public, residing at Boise Idaho

My commission expires
(Seal)

Signed Frances C. Leonard
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 13 1942

168-129-001-655

PLACE OF BIRTH

STATE OF IDA[redacted] 2-15-12
BUREAU OF VITAL ST[redacted]

CERTIFICATE OF BIR[redacted]

County of Ada

City of Boise

Registration District No. _____ File No. 12491

No. 2215 Boise Ave

Primary Registration District No. _____ Registered No. 74

Hospital _____

FULL NAME OF CHILD Walter Hamilton Johnson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		L	Jan 29 1913

FATHER	MOTHER
FULL NAME: Ernest A. Johnson	FULL MAIDEN NAME: Tekla Frederickson
RESIDENCE: 2215 Boise Ave.	RESIDENCE: 2215 Boise Ave.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Sweden	BIRTHPLACE: Sweden
OCCUPATION: Carpenter	OCCUPATION: H. W.

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN C[redacted]E*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or [redacted]) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Boick

(Physician or [redacted]e)

Address 315 N. 8th Boise Ida

Given names added from a supplemental report

_____ 19____

Filed 3-8 19 13 E S M Conrad

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 6 1975

RECEIVED
BUREAU OF

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

FEB 24 2 28 PM '75

State of ..... } ss.
County of ..... }

Certificate No. 12491

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Johnson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 29, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Walter Hamilton Johnson

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24 day of
February, 1975

Louise Land
Notary Public, residing at Boise Ida
My commission expires 10-2-78
(Seal)

Signed Vance Powell
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 2/6/75 lcc sent not paid

FEB 2 4 1975

US Army Discharge Walter H. Johnson born Jan. 29, 1913 at Boise, Idaho
39 927 982 - inducted March 27, 1944 date of dischargeMay 2, 1946.

Viewed by VS

Marriage License and marriage certificate,Ada County, Boise, Idaho
Walter Hamilton Johnson and Clara Louise Schutz married Dec. 24, 1939.

Viewed by V S

235-107-001-266

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12492

Registered No. 73

County of Ada

City of Boise

No. 2026 N 17 St.

Hospital

Registration District No.

Primary Registration District No.

FULL NAME OF CHILD Henry Clarance Steele

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		2	Yes	3-7-1913

FATHER	MOTHER
FULL NAME Bernhard Steele	FULL MAIDEN NAME Lizzie Boodry
RESIDENCE City	RESIDENCE City
COLOR W. AGE AT LAST BIRTHDAY 31 (Years)	COLOR W. AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE England	BIRTHPLACE Idaho
OCCUPATION Laborer	OCCUPATION Housekpr.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... at 8 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J E Broom

(Physician or Midwife)

Given names added from a supplemental report

..... 19.....

Registrar

Address .....

Filed 3-7-1913 C S McConnell

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 16 1972
JAN 11 1989

DEC 2 1942

295 - 106 - 001 - 253

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1213 E. Hays St.

Hospital St. Alphonsus

Registration District No. .....

File No. 12493

Primary Registration District No. .....

Registered No. 90

FULL NAME OF CHILD Lester Kreller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	3 - 6 - 3

FATHER		MOTHER	
FULL NAME	Geo. G. Kreller	FULL MAIDEN NAME	Sadie Bench
RESIDENCE	1213 E. Hays	RESIDENCE	1213 E. Hays
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Penn.	BIRTHPLACE	Utah
OCCUPATION	Stonecutter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Tollenger

Physician (Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report.

..... 19.....

..... Registrar

Filed 3/7 19 3

C & M McConnell Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 26 1967

684-126-Oct-264

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. M. O. [illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12495

County of Ada

City of Boise

Registration District No. ..... File No. .....

No. ..... St.

Hospital St Alphonsus Primary Registration District No. ..... Registered No. 70

FULL NAME OF CHILD Dean Romig Wymer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	Feb. 26, 1913

FATHER		MOTHER	
FULL NAME	William Wymer	FULL MAIDEN NAME	Mabel Romig
RESIDENCE	Murphy Idaho	RESIDENCE	Murphy Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11-55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Williamson M. D.

(Physician or Midwife)

Address 824 Jones Bldg

Given names added from a supplemental report

..... 19.....

Filed 3/6 19 [illegible] Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 2 1962

213-227-001-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 10-C—Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1601, N 9th St.

Registration District No. _____ File No. 12496

Primary Registration District No. _____ Registered No. 69

Hospital _____

FULL NAME OF CHILD Alice Minnie Salish

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Feb. 27, 1913

FATHER		MOTHER	
FULL NAME	Harry Salish	FULL MAIDEN NAME	Minnie Moray
RESIDENCE	1601 - N 9th	RESIDENCE	1601 - N 9th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Syria	BIRTHPLACE	Syria
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children, of this mother, now living, including present birth 2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8 - a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) L. H. Williamson M.D.

(Physician or Midwife)

Address 824 Franklin St.

Filed 3-6 19 13 E. M. McConnell

Registrar

SMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

A 1

STATE OF IDAHO

Form V. S. No. 11-C—10m-8-7-13

493-221-001-795

PLACE OF BIRTH

County of Ada

City of

No 24 + Lemp St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12497

Registration District No. File No.

Primary Registration District No. Registered No. 68

FULL NAME OF CHILD ~~Edwin Emerson~~ Mitts Emeline Ella

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		2	yes	2 21 1913

FATHER		MOTHER	
FULL NAME	Jerome Mitts	FULL MAIDEN NAME	Lola Green
RESIDENCE	24 + Lemp.	RESIDENCE	24 + Lemp.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Colo
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive or stillborn), at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W S Lites

Friend (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address

Filed 3-6 19 13 C S McConnell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V.S. No. H-C- (Rev. 1-1)

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 12497

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)
for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)
in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Ella Evelyn	Emeline Ella Mitts

Subscribed and sworn to before me this 18th
day of January, 19 43

Notary Public, residing at Boise

My commission expires 12/29/47
(SEAL)

Signed x Lola Jane Mitts
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JAN 19 1943

253-101-001-985

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. _____ File No. 12498

No. 1013 Bannack St.

Primary Registration District No. _____ Registered No. 67

Hospital _____

FULL NAME OF CHILD Belaustegui ANGEL PEDRO

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3 1 1913

FATHER		MOTHER	
FULL NAME	qAugustina Belaustegui	FULL MAIDEN NAME	Francisco Rheuchea
RESIDENCE	1013 Bannock	RESIDENCE	1013 Bannock
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Basco, Spain	BIRTHPLACE	Basco, Spain
OCCUPATION	Hotel keeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Bellinger

(Physician or midwife)

Address Falk Bldg

Given names added from a supplemental report.

..... 19.....

Filed 3-6 19 13

..... Registrar

..... Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

655 - 203-001-199 (Be sure the information is complete and accurate)

Amended 1-8-65

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12499
Local Reg. No. 66
Reg. Dist. No.

1. PLACE OF BIRTH

a. COUNTY: Ada

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

d. STREET ADDRESS (If rural, give location): 506 Ash

3. CHILD'S NAME (Type or print)

a. (First): Juanita

b. (Middle):

c. (Last): Onederra

4. SEX: F.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) 3 (Day) 3 (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Domingo

b. (Middle):

c. (Last): Onederra

8. AGE (At time of this birth): 27 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Basco, Spain

10. USUAL OCCUPATION: Sheepman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Josefa

b. (Middle):

c. (Last): Arriola

13. AGE (At time of this birth): 19 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Basco, Spain

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Fred A. Pittenger

19. ADDRESS: Falk Bldg. - Boise, Idaho

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 3-6-1913

22. REGISTRAR'S SIGNATURE: C. S. McConnel

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ict where the birth occurred within 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending phys or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or own the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth o red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by n cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

1-5-65

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12499

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for unnamed Onederria (Name on Original Certificate) who was born (Was Born or Died) on March 3, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Onederria	Juanita Onederra
father's name	Domingo Onederria	Domingo Onederra
mother's maiden name	Osepia Arrielola	Josefa Arriola

Subscribed and sworn to before me this 7th day of January, 19 65

Vera E. Sawyer

Notary Public, residing at Boise Idaho

My commission expires 5/1/67

(Seal)

Signed Domingo Onederra

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 3 Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism gives child's name as Juanita Onederra daughter of Domingo and Josefa Arriola Baptised May 5, 1913 Certificate issued by Rt. Rev. Msgr Nicholas V. Hughes, Pastor
Viewed by V. S.

St. John's Cathedral Matrimonial Certificate - Official Copy gives name of child as Juanita Onederra daughter of Domingo and Josefa Arriola Married May, 16, 1931 with Rev. Edmund R. Cody officiating.

Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 506 Ash St.

Hospital

Registration District No.

File No. 12499

Primary Registration District No.

Registered No. 66

FULL NAME OF CHILD Onederria

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	3 3 1913

FATHER	MOTHER
FULL NAME: Domingo Onederria	FULL MAIDEN NAME: Osepia Arrielola
RESIDENCE: 506 Ash	RESIDENCE: 506 Ash
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Basco, Spain	BIRTHPLACE: Basco, Spain
OCCUPATION: Sheepman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1.

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A Allington

(Physician or midwife)

Address Idaho Bldg

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3 — 6 1913 C. W. McConnell
Registrar

S-Y CO. 20174

JAN 8 1965

MAR 1 8 1975

515-106-001-565

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form U. S. No. 10-1934-2

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 1009 Warm Springs Ave

Registration District No.

File No. 12500

Hospital St Alphonsus

Primary Registration District No.

Registered No. 65

FULL NAME OF CHILD Adolph Van Paepeghem

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M				Yes	May 6 1935

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Denis Van Paepeghem	FULL MAIDEN NAME Janette Van Roey
RESIDENCE	1009 Warm Springs Ave	RESIDENCE 1009 Warm Springs Ave
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE	Belgium	BIRTHPLACE Belgium
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Tuskey

Physician (Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-4-35 C. A. McConnell

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Regi-

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICA

655-206-001-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, giving name of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-S-[illegible]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 190 2 Washington St

Registration District No. _____ File No. 12501

Hospital _____ Primary Registration District No. _____ Registered No. 64

FULL NAME OF CHILD Marjory Overholser

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	1st	Yes	Feb. 6 1912

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry N. Overholser	Bertha Penney
RESIDENCE	190 2 Washington St	190 2 Washington St
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Idaho	Ill
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 11-15 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Kinsley, M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-4-13 19..... G. S. McConnell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUL 14 1975

655-206 DA 1655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-11

Bureau of V[illegible] Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 190 2 Washington St

Registration District No ____ File No. 12502

Hospital ____

Primary Registration District No. ____ Registered No. 63

FULL NAME OF CHILD Margarete Overholser

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	Twin	2nd	Yes	May 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry N. Overholser	Bertha Tenney
RESIDENCE	190 2 Washington St	190 2 Washington St
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	30
BIRTHPLACE	Ida	Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11-20 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Kinkaid

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 3-4 19 13 C. S. McConnel
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

PLACE OF BIRTH

962-122-001-4

PLACE OF BIRTH

Form No. 11—25m-6-15-18

STATE OF IDAHO
DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 28th. & Tracks St.

Hospital None

Registration District No. _____ File No. 12503

Primary Registration District No. _____ Registered No. 62

Full Name of Child Forney Raymond Robinson

SEX OF CHILD	Twin / Triplet / or other?	and Number in order of birth	Legitimate?	DATE OF BIRTH (Month) (Day) (Year)
Boy	—	3	Yes	2 22 1913

(To be answered only in event of plural births)

FATHER

FULL NAME: Raymond Albert Robinson

RESIDENCE: 28th. & Tracks

COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Teamster

MOTHER

FULL MAIDEN NAME: Katie Dugan

RESIDENCE: 28th. & Tracks

COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Ohio

OCCUPATION: Housewife

Number of child of this mother, including present birth 3 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S W Forney

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19....

Registrar

Address .....

Filed 3 - 4 1913 C S McConnel

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V ° No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of Boise — Registration District No. ____ File No. 12503

No. 28th & Fuller St. — Primary Registration District No. ____ Registered No. 62

Hospital No

FULL NAME OF CHILD Forney Raymond Robinson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	—	3	Yes	2 — 22 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Raymond Alfred Robinson	Katie Miss Dugan
RESIDENCE	28th & Fuller	28th
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	26 (Years)
BIRTHPLACE	Ohio	Ohio
OCCUPATION	Teamster	Laundress

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. E. Forney

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed 3 — 4 — 19 13 C. S. McConnel

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

MAR 6 1942

Dr. Formey authorized change in birthdate 2-13-41 by telephone PBA

862-223-001-615

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-3-7-11

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 12504

Primary Registration District No. .....

Registered No. 61

FULL NAME OF CHILD Helen Evalyn Habart

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	1	yes	2 23 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry E Habart	Alma Ward
RESIDENCE	111 So 3 Boise	111 So 3 Boise
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	31	31
BIRTHPLACE	Hopedale Ill	Missouri
OCCUPATION	Attorney	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth ... 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) WS Sutes

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

....., 19.....

Filed 3-4 1913 Est McConnel

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

JUN 22 1965

369-220-001-218

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—Iss. 6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1607 No 5th St.

Registration District No. .....

File No. 12505

Primary Registration District No. .....

Registered No. 60

Hospital .....

FULL NAME OF CHILD EVA ELIZABETH Corto

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 20, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Corto	Elva Bay
RESIDENCE	1607 No 5th St	1607 No 5th St
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	17
BIRTHPLACE	Wisconsin	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

(Signature) Edward H Bivin M.D.

Physician

(Physician or Midwife)

Address 208 Idanha Bldg. Boise

Filed 3—3 19 13 C. S. McConnel Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

dup of 1913-67808

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Humboldt } ss.

Certificate No. 12505

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Corto (Name on Original Certificate) who was born (Was Born or Died) on Feb. 20, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School record Dec. 6, 1955 (Bible Record, Insurance Policy, Etc.) Social Security Card prepared on January 13, 1937 (Give Date) Viewed by Vital Statistics, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Corto	Eva Elizabeth Corto

Subscribed and sworn to before me this 27th day of June, 19 55.
Elva E. Adams
Notary Public, residing at Eureka, Calif
My commission expires July 28, 1958
(Seal)

Signed Elva Elizabeth Corto
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
217 D St. Eureka, California
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California
County of Humboldt } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of June, 19 55.
Elva E. Adams
Notary Public, residing at Eureka, Calif
My commission expires July 28, 1958
(Seal)

Signed Mary Willhite
(Signature of Any Credible Person)
217 D St. Eureka, California
(Street Address, City, State)

DPH 52.155 | copy found

MAR 27 1956

366-207-001-239

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 12506

Registered No. 59

PLACE OF BIRTH

County of Ada

City of Boise

No. 1615 N. 10th St.

Hospital

Registration District No.

Primary Registration District No.

FULL NAME OF CHILD Glennie Fay Lowry

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl	1		Yes	Feb 7 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Ardrie Ray Lowry	FULL MAIDEN NAME	Lora Strauba
RESIDENCE	1615 N. 10th St	RESIDENCE	1615 N. 10th St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Monticello Ind.	BIRTHPLACE	Kinkston Mo.
OCCUPATION	Salesman Singer Machines	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R E Hunt

(Physician or midwife)

Given names added from a supplemental report

.....19.....

Address

Filed 3-3 19 3

.....
Registrar

.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 1 1972

433-130-001-295

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. 2006 N 9th St.

Hospital

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 12507

Primary Registration District No. _____ Registered No. 58

FULL NAME OF CHILD Lorin Donell McConnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		First	yes	Jan 31 1913

FATHER		MOTHER	
FULL NAME	Archie J McConnell	FULL MAIDEN NAME	Mina Kingsbury
RESIDENCE	2006 N 9th.	RESIDENCE	2006 N 9th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Caldwell	BIRTHPLACE	Boise
OCCUPATION	Government Employ	OCCUPATION	Housewife

Number of child of this mother, including present birth _____ Number of children of this mother now living, including present birth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Whitcomb M.D.

(Physician or midwife)

Address 703-504 Idaho Bldg Boise

Given names added from a supplemental report.

_____ 19__

_____ Registrar

Filed 3-1 1913 E.S. McConnell Registrar

S-Y CO. 24658

942-105-001-136

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 613½ Idaho *St.*

Hospital

Registration District No.

Primary Registration District No.

File No. 12508

Registered No. 57

FULL NAME OF CHILD Ensebio Zubizarreta

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Mar. 5 1913

FATHER	MOTHER
FULL NAME Pedro Zubizarreta	**FULL MAIDEN NAME** Filomena Acorda
RESIDENCE 613½ Idaho	**RESIDENCE** same
COLOR white **AGE AT LAST BIRTHDAY** 33 (Years)	**COLOR** white **AGE AT LAST BIRTHDAY** 23 (Years)
BIRTHPLACE Basco Spain	**BIRTHPLACE** same
OCCUPATION	**OCCUPATION**

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fred A. Pittenger

physician (Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report

.....19.....

Filed 3—6 19 3 L. M. McConnell

Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 17 1941

NOV 27 1944

689 - 102 - 001 - 753

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of B

No. Foot Hill Road St.

Registration District No. 1 File No. 12509

Primary Registration District No. 2004 Registered No. 62

Hospital

FULL NAME OF CHILD Lucius Whitmore

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	/	/	yes	March 2, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. A. Whitmore	Mary E. Gelwicks
RESIDENCE	Foot Hill Road, near Boise	Foot Hill Road, near Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	30
BIRTHPLACE	Maryland	Maryland
OCCUPATION	Chicken Raiser	Home wife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on March 2 at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician or Midwife)

Address.....

Given name added from a supplemental report

March 1913

J. M. Taylor Registrar

Filed March 18th 1913

J. M. Taylor Registrar

S-Y CO., 19669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 26 1942

623-103-001-418

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Ada

City of So Boise

No. 5th & Broadway

Registration District No. 1

File No. 12510

Primary Registration District No. 2004

Registered No. 63

Hospital

FULL NAME OF CHILD John Gamble Williams (John Gamble Williams)

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mch 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert W. Williams	Esther May
RESIDENCE	So Boise Ida	So Boise Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	31 (Years)
BIRTHPLACE	North Carolina	Alabama
OCCUPATION	Farming Salesman	House Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E S Biss MD

Physician

(Physician or Midwife)

Address 208 Boise Bldg Boise

Given names added from a supplemental report

Apr 6-14, 19[illegible]

J. M. Taylor
Registrar

Filed Mch 19 13
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

286-112-001-295

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

ATE OF IDAHO
OF VITAL STATISTICS

TIFICATE OF BIRTH

County of Ada

City of Nampa, R.F.D. #2

No. ..... St.

Hospital .....

Registration District No. 1

Primary Registration District No. 2003

File No. 12511

Registered No. 64

FULL NAME OF CHILD Owen Elmer Shook

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 12 1913

FATHER		MOTHER	
FULL NAME	Scott Shook	FULL MAIDEN NAME	Clatie Kendall
RESIDENCE	Nampa R 7 D 2	RESIDENCE	Nampa R 7 D 2
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Mo	BIRTHPLACE	Arkansas
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or ~~stillborn~~), at 5 P. M. on the date above stated.

(Signature) P L Payne

(Physician or ~~midwife~~)

Address Nampa Ida

Filed March 17th 1913 J. M. Taylor Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Dec. 17, 1940. E.W

469-110-001-491

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 1

File No. 12512

Primary Registration District No. 2003

Registered No. 65

FULL NAME OF CHILD Bert Prow Marcum

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male.			yes	3 10 1913

FATHER		MOTHER	
FULL NAME	Wm Earl Marcum	FULL MAIDEN NAME	Nora M. Drake
RESIDENCE	Meridian	RESIDENCE	Meridian
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Ida.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (~~Born~~ alive ~~or stillborn~~) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P L Payne

(Physician or ~~midwife~~)

Address Nampa

Given names added from a supplemental report

..... 19.....

Filed Mch 17 19 13 J. M. Taylor

S-Y CO. 20174

Registrar

Registrar

JUN 2 9 1942

419-211-001-685

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

~~City of~~ Peaceful Valley

Registration District No. 1

File No. 12513

No. 10 Mile St.

Primary Registration District No. 2004

Registered No. 66

Hospital —

FULL NAME OF CHILD Lucille Ramona Martin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	March 11 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Robert G Martin	Rose M Wheeler
RESIDENCE	10 Mile-Peaceful Valley	10 Mile
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	28
BIRTHPLACE	N. Y.	Ind.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Tinsley

Physician

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

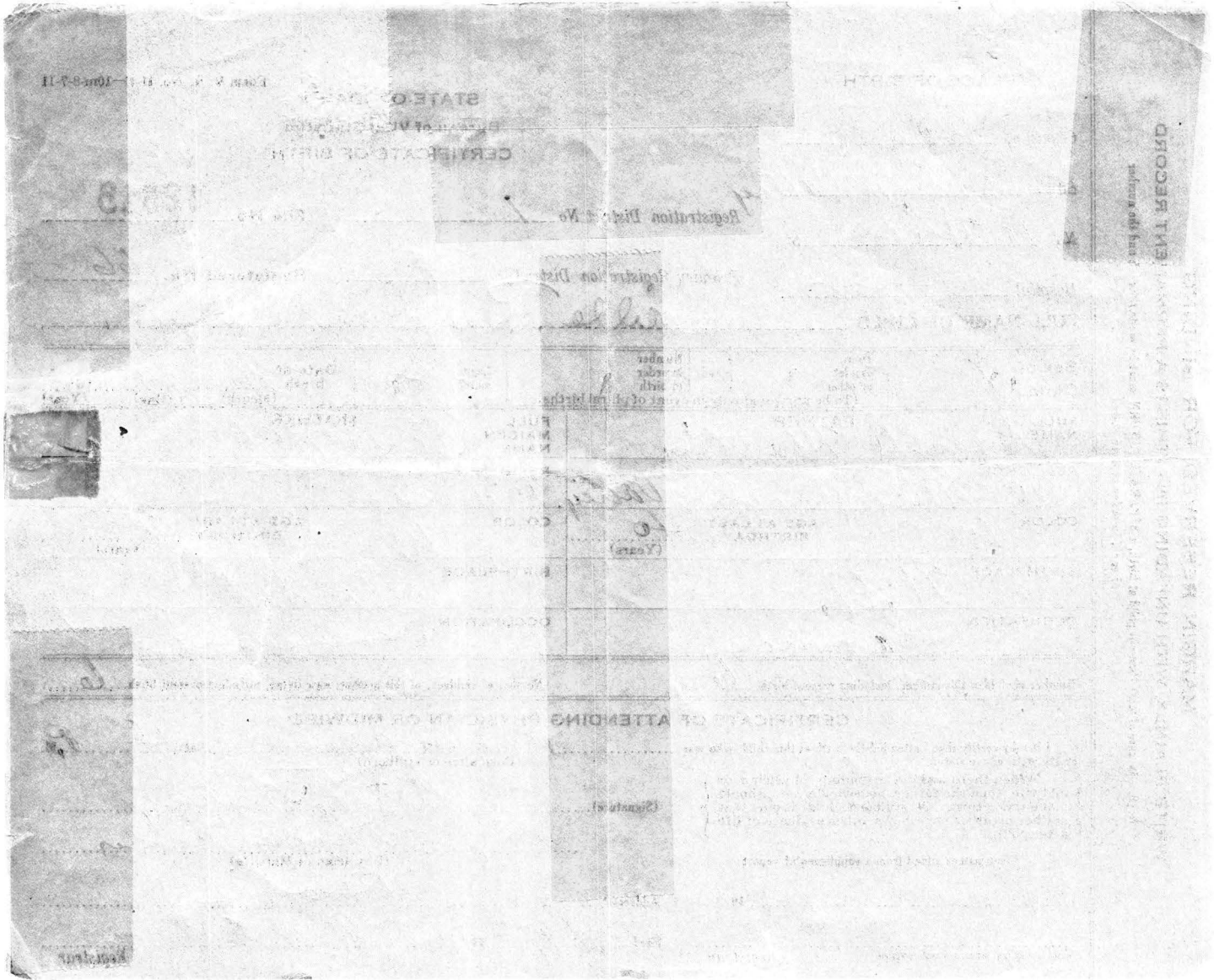
....., 19.....

Registrar

Filed March 17th 1913 J. M. Taylor

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



253-223-001-231

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12514

County of Ada

City of —

Registration District No. 1

No. Near Fair Grounds St.

Primary Registration District No. 2004

Registered No. 67

Hospital

FULL NAME OF CHILD Anne Marion Ketchum

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	—	—	Yes	March 23 1913

FATHER		MOTHER	
FULL NAME	John A. Ketchum	FULL MAIDEN NAME	Dinah Blair
RESIDENCE	West Bench - near Fair Grounds	RESIDENCE	West Bench.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Scotland
OCCUPATION	Lumber Dealer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 B

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor M.D.

(Physician or Midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed March 24 1913 J. M. Taylor

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 5 1943

353-124-001-5-62

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Ustick

Registration District No. 1 File No. 12515

No. ____, ____ St.

Primary Registration District No. 2004 Registered No. 68

Hospital ____

FULL NAME OF CHILD Cecil Herald Stiwiler

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	yes	Mch 24, 1913

FATHER,	MOTHER
FULL NAME: E. H. Stiwiler	FULL MAIDEN NAME: Eva Hokes
RESIDENCE: Ustick Idaho	RESIDENCE: Ustick
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Minister	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4th

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Taylor MD

(Physician or Midwife)

Address Boise, Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 19 13

S-Y CO., 16670

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 10 1941

266-224001-951

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. Kiggins Ranch St.

Hospital No

Registration District No. 1

File No. 12516

Primary Registration District No. 2003

Registered No. 69

FULL NAME OF CHILD Leota Bowers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl	and	4	yes	3-24-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	E A Bowers	Susie Rea
RESIDENCE	Kiggins Ranch	Kiggins Ranch
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	30	23
BIRTHPLACE	Alabama	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L Summers

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 15 1913 J. M. Taylor

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAY 20 1957

246-218-001-231

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 12517

No. ; St.

Primary Registration District No. 2003 Registered No. 70

Hospital

FULL NAME OF CHILD Lyla Laine Buffington

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	1st	yes	Feb 18, 1913

FATHER		MOTHER	
FULL NAME	Elza Buffington	FULL MAIDEN NAME	Flosa Ella Slater
RESIDENCE	Meridian Idaho	RESIDENCE	Meridian Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Nebr.	BIRTHPLACE	Mo.
OCCUPATION	Labor	OCCUPATION	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11:23 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Neef

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 4 19 13 J. M. Taylor

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

281-222-001-386

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian Registration District No. 1 File No. 12518

No. R#I 6 Mls. N. W.

Primary Registration District No. 2001 Registered No. 71

Hospital

FULL NAME OF CHILD Myrtle Louis Shaw

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	no	3rd	yes	February 22 1913

FATHER		MOTHER	
FULL NAME	Ray Price Shaw.	FULL MAIDEN NAME	Myrtle A. Lyons
RESIDENCE	Meridian R#I	RESIDENCE	Meridian R#I.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	S. D.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. F. Neal

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

.....
Registrar

Address .....

Filed Apr 4th 1913 J. M. Taylor
Registrar

Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 4 - 1954

419-210-001-533

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Meridian

No. R#1 6th. N. W. St.

Registration District No. 1

File No. 12519

Primary Registration District No. 2001

Registered No. 72

Hospital

FULL NAME OF CHILD Ethel Kalberine Marcum

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	1st	yes	March 10, 1913

FATHER	MOTHER
FULL NAME: Harry Marcum	FULL MAIDEN NAME: Goldie M. Ellis
RESIDENCE: Meridian Idaho	RESIDENCE: Meridian Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Mo.	BIRTHPLACE: Mo
OCCUPATION: Rancher	OCCUPATION: House wife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Neal

Physician (Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Apr. 4th 1913 J. M. Taylor

Registrar

S-Y CO., 16670

Registrar

APR 5 1955

386-112-001-394

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12520

County of Ada

City of Meridian Registration District No. 1

No. R# I. 6 M. N. W.

Primary Registration District No. 2001 Registered No. 73

Hospital

FULL NAME OF CHILD Kenneth H. Lyons.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	one	1st	yes	March 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jno H. Lyons.	Anna E. Lidene
RESIDENCE	Meridian R# I.	Meridian R# I
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	25
BIRTHPLACE	S. D.	Iowa
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth one

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.36 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Neal

Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Apr. 4th 1913

J. M. Taylor

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

12-4-41

253 - 214-001-165

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12521

County of Ada

City of Meridian Registration District No. 1

No R# II, 3 M. S. W. Primary Registration District No. 2003 Registered No. 74

Hospital

FULL NAME OF CHILD Gladys S. Beck

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one	5-th	yes	March 14 1913

FATHER	MOTHER
FULL NAME Luther C. Beck	FULL MAIDEN NAME Lillian Ida Jones
RESIDENCE Meridian R# II	RESIDENCE Meridian Idaho
COLOR White AGE AT LAST BIRTHDAY 31 (Years)	COLOR White AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Neo	BIRTHPLACE Neo
OCCUPATION Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. H. Neal

Physician

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed Apr 4 19 13 J. McTaylor

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

819-224001-249

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Kuna

Registration District No. 1 File No. 12522

No. ____, ____ St.

Primary Registration District No. 2003 Registered No. 75

Hospital ____

FULL NAME OF CHILD Pearl Vivian Harris

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	one (To be answered only in event of plural births)	2nd	yes	March 24 1913

	FATHER	MOTHER
FULL NAME	Walter L. Harris	FULL MAIDEN NAME Dorcis S. Burns
RESIDENCE	Kuna Idaho	RESIDENCE Kuna Idaho
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years) 19
BIRTHPLACE	Iowa	BIRTHPLACE W. Virg.
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Neal

Physician (Physician or Midwife)

Given names added from a supplemental report

Address ____

____, 19____

____ Registrar

Filed Apr 4th 1913 J. M. Taylor Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 28 1942

DEC 27 1974

319-217-001-354

Amended 1-23-68

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12523
Local Reg. No. 76
Reg. Dist. No. 1

1. PLACE OF BIRTH
a. COUNTY: Ada
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Meridian
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN:
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Blanche b. (Middle): Leona c. (Last): Carter

4. SEX: Female
5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): 2 - 17 - 1913

FATHER OF CHILD

7. FULL NAME
a. (First): F. b. (Middle): Mitchell c. (Last): Carter

8. AGE (At time of this birth): 23 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Kentucky
10. USUAL OCCUPATION: Farmer
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Virge b. (Middle): c. (Last): Tidwell

13. AGE (At time of this birth): 17 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living?
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: C. L. Dutton
18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Meridian, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 2-19-1913
22. REGISTRAR'S SIGNATURE: C.L. Dutton
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

FOR MEDICAL AND HEALTH USE ONLY

Was a test for phenylketonuria performed? YES ____ NO ____ DATE ____

Was a standard serological test for syphilis performed? YES ____ NO ____ APPROXIMATE DATE ____

K or BLACK Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the t in the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address VISION OF VITAL STATISTICS, BOISE, IDAHO.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Meridian

No. ..... St.

Hospital .....

Registration District No. 1 File No. 12523

Primary Registration District No. 2003 Registered No. 76

FULL NAME OF CHILD Blanc Leona Carter

Sex of Child Female | Twin, Triplet or other? \ | and Number in order of birth \ (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth 2 (Month) – 17 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Mitchell Carter.	FULL MAIDEN NAME Virgie Tidwell.
RESIDENCE Meri. No.	RESIDENCE 3½ Mi. No.
COLOR White	AGE AT LAST BIRTHDAY 23. (Years)
COLOR White	AGE AT LAST BIRTHDAY 17– (Years)
BIRTHPLACE Kentucky	BIRTHPLACE Idaho.
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 806 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report

..... 19.....

Filed 2–19 1913 C. L. Dutton Registrar

..... Registrar

Apr 10-1913 with J. M. Taylor

S-Y CO. 20174

MAY 2 1967

JAN 23 1968

6-5-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Canyon }

Certificate No. 12523

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Blanc Leona Carter (Name on Original Certificate) who was born (Was Born or Died) on Feb. 17, 1913 (Date of Event)
in Meridian (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs first name	Blanc	Blanche

Subscribed and sworn to before me this 15th day of January, 1968

Notary Public, residing at Caldwell, Idaho
My commission expires March 29, 1968
(Seal)

X Signed Nellie Carter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

524 Dearborn St., Caldwell, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of January, 1968

Notary Public, residing at Caldwell, Idaho
My commission expires March 29, 1968
(Seal)

Signed Mrs. Leona Coghill
(Signature of Any Credible Person)

1402 Main St., Caldwell, Idaho
(Street Address, City, State)

FORM DH 60-155

6-

Marriage Certificate, State of Nevada, County of Humboldt, #1312, married Feb. 3, 1940 gives full name of groom as Melven Carlson and full name of bride as Blanche Carter - viewed by V.S.

Statement from Ruth Miller, Deputy, County of Canyon, State of Idaho, Caldwell, Idaho, dated July 10, 1967 states "This is to certify that, according to the records in this office of the County Auditor, Obtained from the records of School District #37, Nampa School Census Report commencing 2nd Monday of October 1921 and ending November 14, 1921, Blanche Carter, daughter of Mitchell Carter was 8 years of age." That I, Walter Fay, County Auditor am present caretaker of the old school records of Canyon County, Idaho." - viewed by V.S.

557-118-001-651

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

60

PLACE OF BIRTH

County of Merida

City of Ada

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1 File No. 12524

Primary Registration District No. 2004 Registered No. 77

FULL NAME OF CHILD Ira Thomas Evans.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	3 18 1913

	FATHER	MOTHER
FULL NAME	John Thomas Evans.	Anna Gertrude Grover.
RESIDENCE	4 Miles East 4 Mi So.	
COLOR	White	White
AGE AT LAST BIRTHDAY	58 (Years)	41 (Years)
BIRTHPLACE	Missouri	Penn.
OCCUPATION	Veterinary Surgeon	House Wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or midwife)

Address Meridian Ida

Filed 3-19- 1913 C L Dutton Registrar

Apr. 10 with J. M. Taylor

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MAR 17 1975

419-129-001-318

59

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of ~~Boise~~ Meridian Registration District No. 1 File No. 12525

No. ..... St. Primary Registration District No. 2003 Registered No. 78

Hospital .....

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	Mar. 29 1913

FATHER		MOTHER	
FULL NAME	Daniel C. Marshall	FULL MAIDEN NAME	Susan Francis Taylor
RESIDENCE	Kuna Ida	RESIDENCE	Kuna, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)		AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Washington Co. Pa.	BIRTHPLACE	Pueblo Colorado
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Dutton

(Physician or midwife)

Address Meridian Ida

Given names added from a supplemental report

..... 19.....

Filed 3-29- 19 13 C. L. Dutton Registrar

..... Registrar

Apr 10 – 1913 with J. M. Taylor

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

462-109-010-212

[redacted]

PLACE OF BIRTH

County of Bonneville

City of Poplar

No. ____ St.

Hospital

FULL NAME OF CHILD Alma Lyman Morgan

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 12526

Primary Registration District No. ____ Registered No. 47

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 9 1913

FATHER		MOTHER	
FULL NAME	Joe Morgan	FULL MAIDEN NAME	Melissa Bassett
RESIDENCE	Poplar	RESIDENCE	Poplar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Roy H. Fisher

(Physician or midwife)

Address Rigby

Filed March 10 1913

Registrar

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 3 1942

OCT 6 1945

SEP 6 1944

569-204-010-532

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 12527

Primary Registration District No. 227 Registered No. 44

FULL NAME OF CHILD Lawrence [illegible]

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	2 – 4 , 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	J. L. Lorah	Nellie Elsie
RESIDENCE	Idaho Falls, Ida	Idaho Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	29
BIRTHPLACE	Atlantic, Iowa	Nebraska
OCCUPATION	Liveryman	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) T. Hullicks

(Physician or Midwife)

Address Idaho Falls Ida

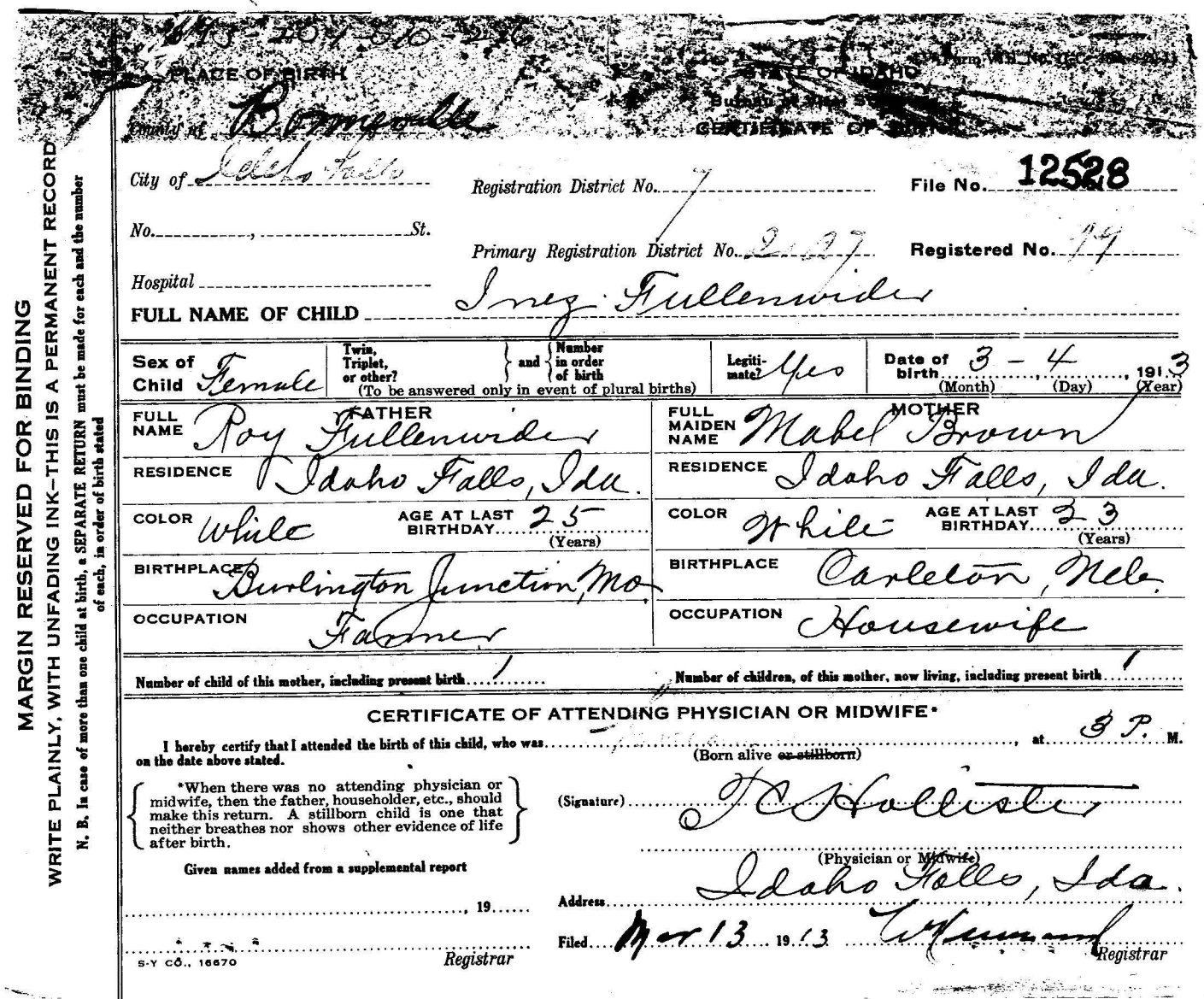
Filed Mar 13 1913 M. Raymond Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



PLACE OF BIRTH

County of Bonneville

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

City of Idaho Falls

Registration District No. 7

File No. 12528

No. ____, ____ St.

Primary Registration District No. 2-27

Registered No. 14

Hospital ____

FULL NAME OF CHILD Inez Fullenwider

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	3 - 4 - 13

FATHER		MOTHER	
FULL NAME	Roy Fullenwider	FULL MAIDEN NAME	Mabel Brown
RESIDENCE	Idaho Falls, Ida.	RESIDENCE	Idaho Falls, Ida.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25	COLOR	White	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Burlington Junction, Mo.	BIRTHPLACE	Carleton, Nebr.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. C. Holbrook

(Physician or Midwife)

Address Idaho Falls, Ida.

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Mar 13 19 13 ____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Dup of 1913-162730

7-10-41

DUP OF 1913-162730

363 - 128 - 010 - 766

PLACE OF BIRTH

Form V. S. No. II-C-[illegible]-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

Registration District No. 7

File No. 12529

No. _____ St.

Primary Registration District No. 227

Registered No. 1-0

Hospital _____

FULL NAME OF CHILD ~~[illegible]~~ Solon Beryl Collyer

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Jan. 28 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Isom A. Collyer	Emma Goodrich
RESIDENCE	Bonneville Co	Bonneville Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	30
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3rd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 3 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. D. Spencer

Physician (Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

Jan 29 1913

Filed Mar 13 1913 [illegible] Registrar

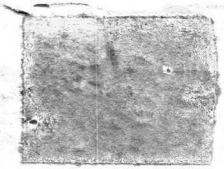
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Boundary } ss.

Certificate No. 12529

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Collyer (Name on Original Certificate) who was born (Was Born or Died) on January 28, 1913 (Date of Event)
in Bonneville County, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on January 28, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	missing	Solon Beryl Collyer

Subscribed and sworn to before me this 13 day of February, 19 57

Notary Public, residing at Bonners Ferry
My commission expires August 1, 1958
(Seal)

Signed Emma Collyer (mother)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington
County of Whatcom } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of February, 19 57

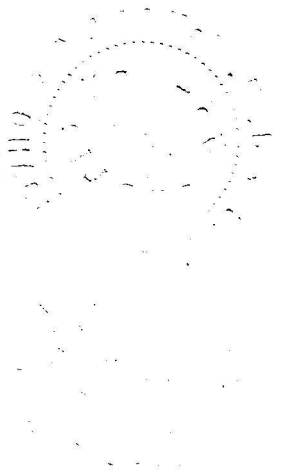
Notary Public, residing at Bellingham
My commission expires 10/15/57
(Seal)

Signed Margaret E Armstrong
(Signature of Any Credible Person)

1525 Iron St Bellingham Wash.
(Street Address, City, State)

FORM DPH 55. 155

APR 18 1957



649-225-010-891

CE OF BIRTH

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Ammon

Registration District No. 7

File No. 12530

No. ____, ____ St.

Primary Registration District No. 927

Registered No. 671

Hospital

FULL NAME OF CHILD Laveda Murdock

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	2 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ray Murdock	Estella Hiat
RESIDENCE	Ammon, Ida.	Ammon, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	18
BIRTHPLACE	Charleston, Ida.	Ammon, Ida.
OCCUPATION	—	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____, 19____

____ Registrar

(Signature) T. A. Hollister

(Physician or Midwife)

Address Idaho Falls, Ida.

Filed Mar 13 1913 W. Leonard Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 1 0 1966

DEC 1 3 1971

753-118-010-225

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 12531

No. ..... St.

Primary Registration District No. 7

Registered No. 572

Hospital .....

FULL NAME OF CHILD Irwin Mathew Peck

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Gray M. Peck	Florence Steward
RESIDENCE	Rigby Ida.	Rigby
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	19
BIRTHPLACE	Nebraska	Idaho
OCCUPATION	Merchant	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S S Fowler, M. D.

(Physician or midwife)

Address Idaho Falls Idaho

Given names added from a supplemental report

..... 19.....

Filed 3/20 19 13 N Lunsford Registrar

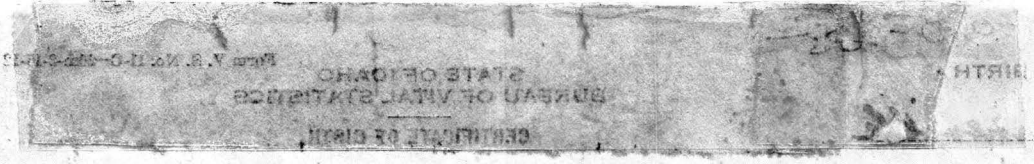
..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



547-216-010-294

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. [illegible]

CERTIFICATE OF BIRTH

County of [illegible]

City of Idaho Falls

Registration District No. 7

File No. 12532

No. R. F. to 3 St.

Primary Registration District No. 2 27

Registered No. 53

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	July 16 1912

FATHER		MOTHER	
FULL NAME	Martin Tousey	FULL MAIDEN NAME	Halie Simmons
RESIDENCE	I. Falls Idaho	RESIDENCE	I. Falls Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Ga.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2 P. M. on the date above stated.

(Signature) L. L. Fuller M. D.

(Physician or midwife)

Address [illegible]

Filed [illegible] 19 13

[illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 5 1967

249-119-010-385

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of A. F.

No. R 2 N 3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 12533

Primary Registration District No. 2027 Registered No. 37

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan. 17 1913

FATHER		MOTHER	
FULL NAME	Geo. T. Smith	FULL MAIDEN NAME	Lovina Thorleff
RESIDENCE	Idaho Falls Ida.	RESIDENCE	I. F. Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Ida.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. S. Fuller M. D.

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

S-Y CO. 20174

Filed Jan 19 1913

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-109-010-635

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ch. Falls

No. ..... St.

Hospital Fuller's

Registration District No. 7 File No. 12535

Primary Registration District No. 2027 Registered No. 5-L

FULL NAME OF CHILD Byron F. Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 9 1913

FATHER	MOTHER
FULL NAME H. Ross Smith	FULL MAIDEN NAME Ada Fleming
RESIDENCE Ch. Falls Ida	RESIDENCE Ch. Falls Ida
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Utah	BIRTHPLACE Kansas
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 30 P. M. on the date above stated.

(Signature) S. L. Fuller, M. D.

(Physician or midwife)

Address Ch. Falls Ida

Filed Mar 9 19 13

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-104-010-512

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital Fullers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 12536

Primary Registration District No. 207 Registered No. 207

FULL NAME OF CHILD Arnold Williams Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Feb. 1 1913

FATHER		MOTHER	
FULL NAME	Robert Johnson	FULL MAIDEN NAME	Helma Eastburg
RESIDENCE	Ida Falls Ida	RESIDENCE	Ida Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ind.	BIRTHPLACE	Kans.
OCCUPATION	Mechanic	OCCUPATION	Nurse.

Number of child of this mother, including present birth 1st. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at ..... M. on the date above stated.

(Signature) S. S. Fuller M. D.

(Physician or midwife)

Address .....

Filed 3/20 1913 W. Kenaiard Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

469-111-010-665

PLACE OF BIRTH Amended Sept 15, 1959

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville
City of Idaho Falls
No. ..... St.
Hospital .....

Registration District No. 7
Primary Registration District No. 2027

File No. 12537
Registered No. 52

FULL NAME OF CHILD Frank Oscar Morgner
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	February 11, 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER		MOTHER	
FULL NAME	Martin Morgner	FULL MAIDEN NAME	Martha Wonder
RESIDENCE	Idaho Falls	RESIDENCE	Idaho Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192....

..... Registrar.

(Signature) S. S. Fuller, M.D.
(Physician or midwife)
Address Idaho Falls, Idaho

Filed 3-20-1913 192 W. Kinnard Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital .....

Registration District No. 7 File No. 12537

Primary Registration District No. 2027 Registered No. 57

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Feb. 11 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Martin Margner	FULL MAIDEN NAME	Martha Kreuder
RESIDENCE	Ida Falls	RESIDENCE	Ida Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Germany	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 A. M. on the date above stated.

(Signature) L. L. Fuelers, M. D.

(Physician or midwife)

Address Ida Falls Idaho

Filed 3/20 19 13 C. A. Hammond Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 15 1959

Own childs birth certificate dated Feb. 26, 1951, file #51-01285 gives fathers name as Frank Oscar Morgner.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 12537

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed (Name on Original Certificate) who was born (Was Born or Died) on Feb. 11, 1913 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
~~Mother's maiden name~~	~~Wonder~~	~~Jordon~~
Child's name	Missing	Frank Oscar Morgner
Father's last Name	Margner	Morgner

Subscribed and sworn to before me this 13th day of December 1955

Wm Dean Mayes
Notary Public, residing at Meridian Idaho
My commission expires 9-10-56
(Seal)

Signed Martha J Morgner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
(mother)
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of December, 1955

Wm Dean Mayes
Notary Public, residing at Meridian, Idaho
My commission expires 9-10-56
(Seal)

Signed Anna J. Morgner.
(Signature of Any Credible Person) Sister.
(Street Address, City, State)

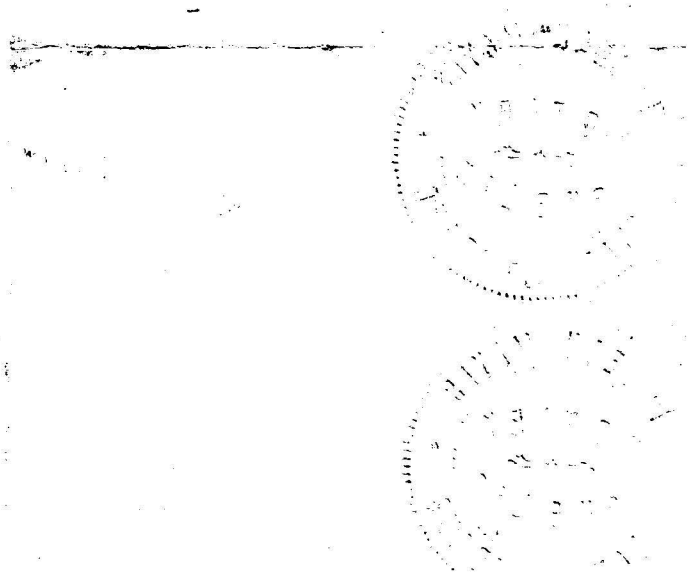
Insurance policy, Aid Association For Lutherans, dated December 2, 1940, gives fathers name as Martin Morgner viewed by V.S.

Oregon Mutual Life Ins. Policy #61854, dated Oct 22, 1934 gives name as Frank Oscar Morgner, viewed by V.S.

Social Security Card, #519-42-2525, gives name as Frank Oscar Morgner, viewed by V.S.

Death certificate for Martin Wm. Morgner on file, Idaho #50-2064

No documents available to correct Mother's Maiden Name(Ommitted from Affidavit)



493-113-010-766

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Ida Falls

No. ..... St.

Hospital Fuellers

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 12538

Primary Registration District No. 2027 Registered No. 5-9

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Feb. 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leonard M. Muller	Nellie Powell
RESIDENCE	Ida Falls Ida.	Ida Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Business Manager	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. L. Fuellers, M. D.

(Physician or midwife)

Address Ida Falls Idaho

Filed 3/20 19 13

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-304605

236-120-010-335

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Mile

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2029

File No. 12539

Registered No. 60

FULL NAME OF CHILD Willard H. Stover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred L Stover	Sarah Jane Cleverly
RESIDENCE	Mile	Mile
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female (Born alive ~~or stillborn~~), at 2 o'clock A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(~~Physician or~~ midwife)

Address Bonneville Co Ucon Idaho

Given names added from a supplemental report

..... 19.....

Filed 3/21 19 13

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 24 1942

235-214
010-365

PLACE OF BIRTH

Form V. S. No. IHC–1031-8-21-21

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 17th & Emerson St.

Registration District No. 7

Primary Registration District No. 207

File No. 12541

Registered No. 62

Hospital

FULL NAME OF CHILD ANNA STEPHENS

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	One	Yes	March 14, 19

FATHER		MOTHER	
FULL NAME	George Lawrence Stephens	FULL MAIDEN NAME	Martha Edna Conrad Steph
RESIDENCE	17th & Emerson streets Idaho Falls, Idaho	RESIDENCE	Idaho Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	London England	BIRTHPLACE	Draper Utah
OCCUPATION	R.R. Machinist Helper	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4.20A M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician

(Physician or Midwife)

Address Idaho Falls, Idaho

Given names added from a supplemental report

....., 19.....

Filed Nov 21 19 13

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss. JAN 14 1942
County of Los Angeles }

Certificate No. 12541

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH) for Anna Stephens (NAME ON ORIGINAL CERTIFICATE) who was Born (WAS BORN OR DIED) on March 14 1913 (DATE OF EVENT) in Idaho Falls Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Mother evidence (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	-- -- --	Anna Stephens

Subscribed and swarn to before me this 12 day of January, 19 42

Irene McQuarrie

Notary Public, residing at 1141 W Compton Blvd.

My commission expires April 22 - 1944

(SEAL)

Signed Martha Edna Stephens Pack

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2236-E-121st Willow Brook Calif.

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of January, 19 42

Irene McQuarrie

Notary Public, residing at 1141 W Compton Blvd

My commission expires April 22 - 1944

(SEAL)

Signed Wilhelmina Conrad Harley

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2236 E. 121st Willow Brook Calif.

(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 1942 By .....

(REGISTRAR'S SIGNATURE)

JAN 24 1942

JUL 16 1968

866-215-010-122

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida.

No. ..... St.

Hospital .....

Registration District No. 7 File No. 12542

Primary Registration District No. 227 Registered No. 62

FULL NAME OF CHILD Nowell, Juanita Marie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lytle Nowell	Vera Abbott
RESIDENCE	Idaho Falls R 7th	Idaho Falls R 7th
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	North Carolina	Missouri
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 PM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

Physician

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report

..... 19.....

Filed Mar 26 1913

..... Registrar

..... Registrar

S-Y CO. 20174

Hospital Birth Certificate, Hugo Hospital & Clinic, Hugo, Oklahoma gives full name of child as Gary Luther Gaston, born Aug. 16, 1941 at Hugo, Okla. to Glenn LeRoss Gaston and Juanita Marie Howell - viewed by V.S. gives mother's birthplace as Idaho Falls, Idaho and birthdate as Feb. 15, 1913 - IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
Social Security Application, photo copy of orr record, dated Oct. 22, 1937 gives full name as Juanita Marie Howell Gaston (Gaston is married name), born Feb. 15, 1913 at Idaho Falls, Idaho to Luther V. Howell and Vera M. Abbott - Soc. Sec. No. 447-09-8780 - viewed by V.S.

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Okla. Certificate No. 12542
County of Dewey Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Howell (Name on Original Certificate) who born (Was Born or Died) on Feb. 15, 1913 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Juanita Marie Howell

Subscribed and sworn to before me this 18th day of June, 19 60

Notary Public, residing at Vici, Okla.
My commission expires Vici, Oklahoma
(Seal)
GLENN W. TRIMBLE, JR., Notary Public
Commission Expires April 1, 1962

Signed Vera Mae Howell
(Signature of parent ~~or attendant~~ if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Vici, Okla.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155

CL 4-15-60. one copy pd. receipt #01115.

NOV 0 1987

158-204-010-577

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12543

County of Bonneville

City of Idaho Falls, Ida

Registration District No. 7 File No.

No. St.

Primary Registration District No. 207 Registered No. 64

Hospital

FULL NAME OF CHILD Ashley Merna Talbert

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Feb 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George S Ashley	Lulu Epps
RESIDENCE	Idaho Falls Ida	Idaho Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	21
BIRTHPLACE	Kansas	Kansas
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or midwife)

Address [illegible]

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mar 20 19 13 [illegible] Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 8 1963

612-203-010-235

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

No. 970, #3 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 File No. 12544

Primary Registration District No. 127 Registered No. 61

FULL NAME OF CHILD Alice Wasserman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
girl			Yes	March 3 1913

FATHER		MOTHER	
FULL NAME	Albert Wasserman	FULL MAIDEN NAME	Nora Sleeth
RESIDENCE	Idaho Falls, Ida. R 7	RESIDENCE	Idaho Falls Ida, R 7
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Germany	BIRTHPLACE	Virginia
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C W Clem

Physician

(Physician or midwife)

Address Idaho Falls Ida.

Given names added from a supplemental report

19

Registrar

Filed Mar 21 19 13 W Hammond Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

291-226-010-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Ida

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 12545

Primary Registration District No. 2227 Registered No. 66

FULL NAME OF CHILD Kraft Colleen Kraft

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			Yes	Feb 26 1913 (Month) (Day)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Kraft	Florence Sedmitt
RESIDENCE	Idaho Falls Ida	Idaho Falls Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	29 (Years)	25 (Years)
BIRTHPLACE	Ohio	Wisconsin
OCCUPATION	Water Commissioner	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible] Physician

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 3/25 1913 [illegible] Registrar

..... Registrar

S-Y CO. 20174

MAR 20 1969

DEC 22 1943

128-126-010-815

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls, Idaho

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 — File No. 12546

Primary Registration District No. 2-97 — Registered No. 67

FULL NAME OF CHILD Ashment, Orvell Leroy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Feb 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Ashment	Esther Hansen
RESIDENCE	Idaho Falls, Idaho	Idaho Falls, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	26
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 Yrs 9 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. H. Clear

Physician

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Mar 25 1913

Kinnaird Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 25, 1940. E.W.

MAY 1 1952
PLACE OF BIRTH
CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

457-225-010-445

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

Registration District No. 7

File No. 12547

No. ____, ____ St.

Primary Registration District No. 227

Registered No. 126

Hospital ____

FULL NAME OF CHILD Wilma M.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	----	---	Yes.	Mar. 25, 1913.

FATHER	MOTHER
FULL NAME: William Meppin,	FULL MAIDEN NAME: Anna Mueller,
RESIDENCE: Idaho Falls, Ida.	RESIDENCE: Idaho Falls, Ida.
COLOR: Wht. AGE AT LAST BIRTHDAY: 42 (Years)	COLOR: Wht. AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Germany.	BIRTHPLACE: Germany.
OCCUPATION: Farmer.	OCCUPATION: Wife.

Number of child of this mother, including present birth 6.

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 2 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Bridges, M.D

(Physician or Midwife)

Given names added from a supplemental report

Address Idaho Falls, Idaho.

____, 19____

Filed Mar 24 1913 W. Rammond

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

613-210-010-231

Form V. S. No. [illegible]

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 12548

Primary Registration District No. ____ Registered No. 69

FULL NAME OF CHILD Geneva Marie Walters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	March 10 1913

FATHER		MOTHER	
FULL NAME	Albert C Walters	FULL MAIDEN NAME	Frances E Stadman
RESIDENCE	Coltman Ida.	RESIDENCE	Coltman Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	West Gordon, Utah.	BIRTHPLACE	West Gordon
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was 2 (Born alive ~~or stillborn~~) at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

(~~Physician~~ or midwife)

Address Rigby, R.D.#1 Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed [illegible] 19[illegible] [illegible]

Registrar

S-Y CO. 20174

365-213-010-613

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 12549

Primary Registration District No. 219 Registered No. 70

FULL NAME OF CHILD Luella Alice

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		4	Yes	March 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George B. Longmore	Maud Mary Walters
RESIDENCE	Coltman Ida	Coltman Ida
COLOR	White	White
AGE AT LAST BIRTHDAY	37 (Years)	33 (Years)
BIRTHPLACE	Millcreek Utah	West Jordon Utah
OCCUPATION	Blacksmith	house wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female, at 1:45 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey.

(~~Physician~~ or midwife)

Address Rigby R. D. #1 Idaho.

Given names added from a supplemental report

..... 19.....

Filed Mar 27 1913

S-Y CO. 20174

Registrar

Registrar

289-223-010-766

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls.

No. ..... St.

Hospital .....

Registration District No. 7 File No. 12550

Primary Registration District No. 2027 Registered No. 71

FULL NAME OF CHILD Verona Lois Shipp

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	3 / 23 / 1913

FATHER

FULL NAME: John Shipp

RESIDENCE: Idaho Falls, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 30 (Years)

BIRTHPLACE: Bula Ida.

OCCUPATION: Salesman

MOTHER

FULL MAIDEN NAME: Caroline Goodson

RESIDENCE: Idaho Falls, Ida.

COLOR: White

AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Lehi, Utah.

OCCUPATION: Housework

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 23 1913, at 9/15 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. R. Bodenquist M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Idaho Falls Ida.

Filed Mar 29 19 13

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 24 1942

695-124-010-993

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 74 E. Bellevue St.

Hospital

Registration District No. 7 File No. 12551

Primary Registration District No. 2027 Registered No. 72

FULL NAME OF CHILD George Earl Dias Field

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	2 24 1913

	FATHER	MOTHER
FULL NAME	Thomas Emmanuel Field	Mary Riley
RESIDENCE	74 E. Bellevue St.	74 E. Bellevue St.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	32
BIRTHPLACE	Bellevue Utah	Madisonville Ky
OCCUPATION	Mail Carrier	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or ~~stillborn~~), at 1 10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Finlay

Midwife (Physician or midwife)

Address 265 Bldg St

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Mar 31 1913

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-226-010-649

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 12½ & Bunker St.

Registration District No. 7

Primary Registration District No. 2 3 7

File No. 12552

Registered No. 73

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	2 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Rice Ring	Dora Ferguson
RESIDENCE	12½ & Emerson	12½ & Emerson
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	32
BIRTHPLACE	Pike Co Mo	Pike Co Mo
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2:30 a.m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Annie Farley

Midwife
(M.D. or midwife)

Address 265 Cliff St

Given names added from a supplemental report

..... 19.....

Filed Mar 31 1913

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

819-125-010-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Milo

No. ____ St.

Hospital ____

Registration District No. 7

Primary Registration District No. 2029

File No. 12553

Registered No. 74

FULL NAME OF CHILD Leland Willard Harris

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 25 1912

FATHER		MOTHER	
FULL NAME	Willard L Harris	FULL MAIDEN NAME	Alta Jane Davies
RESIDENCE	Milo	RESIDENCE	Milo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	18
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Live born (Born alive or ~~stillborn~~), at 11:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

~~Physician~~ or midwife

Address Ucon Bonneville Idaho

Given names added from a supplemental report

....., 19.....

Filed April 4 1912

.....
Registrar

S-Y CO. 20174

.....
Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

239-103-010-94

PLACE OF BIRTH

County of Yamhill

City of Mc Minnville

No. 3 East 4th St

Hospital

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 12564

Primary Registration District No. 2027 Registered No.

FULL NAME OF CHILD William Henry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 3 1913

FATHER		MOTHER	
FULL NAME	Lyman A Frank	FULL MAIDEN NAME	Georgia Payne
RESIDENCE	Mc Minnville Ore.	RESIDENCE	Mc Minnville Ore.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Franklin, Idaho
OCCUPATION	Logging Salesman	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or midwife)

Address Mc Minnville Ore.

Given names added from a supplemental report

.....19.....

Filed Apr 4 1913

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 5/14/41. w.h.

433-215-010-818

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Taylor

No. ..... St.

Registration District No. .....

File No. 12555

Primary Registration District No. 2028

Registered No. 76

Hospital .....

FULL NAME OF CHILD Merlnia McLaman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	March 15 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	E Elmer McLaman	FULL MAIDEN NAME	Priscilla B Hayes
RESIDENCE	Taylor Idaho	RESIDENCE	Taylor
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Council Bluffs Ia.	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) March 15 at 10 to 2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rumberger

Obstetrician (Physician or midwife)

Address Lenci Bonneville Co, Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 1 1913

..... Registrar

..... Registrar

9-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

597-110-010-556

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

County of Bonneville

City of Lord

Registration District No. _____ File No. 12556

No. _____ St.

Primary Registration District No. _____ Registered No. 77

Hospital _____

FULL NAME OF CHILD Vaughn Nixon

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	March 10 1913

FATHER		MOTHER	
FULL NAME	Charles, Sr, Nixon	FULL MAIDEN NAME	Mary Ann, Kunz
RESIDENCE	Lord	RESIDENCE	Lord
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Summit Co Utah	BIRTHPLACE	Iowa Summit Co Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) March 10 at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rawlings

Physician (Physician or midwife)

Given names added from a supplemental report

_____ 19____

_____ Registrar

Address Lord Bonneville Co Idaho

Filed April 19 13 W Hunsaker Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 27 1942

JAN 12 1968

168-108-010-921

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Boundary

City of Dora

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 12557

Primary Registration District No. .....

Registered No. 7 F

FULL NAME OF CHILD ROY DAVID SAMUEL Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	March 8 1913

FATHER	MOTHER
FULL NAME David A. Johnson	FULL MAIDEN NAME Esther S. Isakson
RESIDENCE Dora	RESIDENCE Dora
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 33 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Farmer	OCCUPATION housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive March 8, at 10 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah V. Rawlerey

Assistant
(Physician or midwife)

Address Dora, Boundary Co., Idaho

Given names added from a supplemental report

..... 19.....

Filed ..... 19.....

..... Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 12557

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Johnson (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 8th, 1913 (DATE OF EVENT)
in Iona Bonneville County, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by personal knowledge (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ——— (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Johnson	Roy David Samuel Johnson

Subscribed and sworn to before me this 30th day of March, 19 42

Paul C. Peterson

Notary Public, residing at Idaho Falls, Idaho.

My commission expires March 29th, 1944 (SEAL)

Signed Esther Isakson Johnson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

R.F.D. #2 - Idaho Falls, Idaho.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho, } ss.
County of Bonneville }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 19 42

Paul C. Peterson

Notary Public, residing at Idaho Falls, Idaho.

My commission expires March 29th, 1944 (SEAL)

Signed Hilma Swanson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

R.F.D. #5 - Idaho Falls, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on ——— By ———
(REGISTRAR'S SIGNATURE)

APR 3 1942

355-106-[illegible]

PLACE OF BIRTH

[illegible] V. S. No. 11-C—20m-2-15-12

[illegible]

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Meila

Registration District No. 7 File No. 12558

No. ..... St.

Primary Registration District No. ..... Registered No. 79

Hospital .....

FULL NAME OF CHILD Henry Orvel Lee

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	March 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Orin Orvel Lee	Lydia F Tracy
RESIDENCE	Meila Ida	Meila
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Lewiston Idaho	Ogden Utah
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive March 6, at 15 to 7 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Sarah J Rountree

Abstraction
(Physician or midwife)

Address Home, Bonneville Co, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed ..... 19..... ..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

CERTIFICATE OF RECORD

Co

Ce

No.

Rec

653 40-663

[redacted] BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 12559

No. ____, ____ St.

Primary Registration District No. 1011

Registered No. 11

Hospital Hope

FULL NAME OF CHILD John Foley Welch

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) 3 (Day) 4 (Year) 1913
Male			yes	

FATHER		MOTHER	
FULL NAME	Michael E. Welch	FULL MAIDEN NAME	Catherine Foley
RESIDENCE	Burke, Ida.	RESIDENCE	Burke Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Illinois	BIRTHPLACE	Michigan
OCCUPATION	Farmer Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard E. Hanson

(Physician or Midwife)

Address Wallace, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar 6 1913 H. Leonard

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C Idaho-41

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF

AUG 20 1942

141-101-940-859

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace

Registration District No. 28

File No. 12560

No. ..... St.

Primary Registration District No. 1011

Registered No. 12

Hospital Providence

FULL NAME OF CHILD Heron Hampton Adams

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	one	1	yes	May 1, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Harry L. Adams	FULL MAIDEN NAME	Frances Heron
RESIDENCE	Wallace Ida	RESIDENCE	Wallace Ida
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	31	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	West Virginia	BIRTHPLACE	Montana
OCCUPATION	Millman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians (Physician or Midwife)

Address Wallace Ida.

Given name added from a supplemental report

....., 19.....

Filed Mar. 10 1913 F. Leo Tinsley

Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

693-101-040-318

PLACE OF BIRTH

County of Shoshone

City of Wallace

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 28 File No. 12561

Primary Registration District No. 1017 Registered No. 13

FULL NAME OF CHILD Kifford Wrakward

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	and	4	Yes	May 1, 1913

	FATHER	MOTHER
FULL NAME	D. E. Wrakward	FULL MAIDEN NAME Sadie Taylor
RESIDENCE	Wallace	RESIDENCE Wallace Ida
COLOR	W.	COLOR W
AGE AT LAST BIRTHDAY (Years)	45	43
BIRTHPLACE	New Jersey	BIRTHPLACE Pennsylvania
OCCUPATION	Shipping Clerk	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 8:00 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Given name added from a supplemental report

....., 19.....

Filed Mar 10 1913 F. Lee Sumpter

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 25 1968

133-687-040-165

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace — Registration District No. 28 — File No. 12562

No. ____ St. ____

Primary Registration District No. 1011 — Registered No. 14

Hospital Providence — Freeman Walter Allen

FULL NAME OF CHILD

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
M	One	1st	Yes	May 7, 1913 (Month) (Day) (Year)

(To be answered only in case of plural births)

FATHER		MOTHER	
FULL NAME	John Elmer Allen	FULL MAIDEN NAME	Dora Jones
RESIDENCE	Bay View, Ida	RESIDENCE	Bay View, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Ore.	BIRTHPLACE	Mo.
OCCUPATION	Hotelkeeper	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 9P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowery

Thyrsa Evans (Physician or Midwife)

Address Wallace Idaho

Given name added from a supplemental report

....., 19.....

Filed May 10 1913 H. Leo Langley Registrar

.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

384-101-040-249

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12563

County of Shoshone

City of Wallace Registration District No. 28

No. ____ St. Primary Registration District No. 1011 Registered No. 15

Hospital Providence

FULL NAME OF CHILD Mowry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	One	No	Yes	Mar 1, 1913

FATHER		MOTHER	
FULL NAME	Chas Thurman	FULL MAIDEN NAME	Leonora Smith
RESIDENCE	Mace	RESIDENCE	Mace Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Oregon
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 3:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Mowry

Physicians

(Physician or Midwife)

Address Wallace Idaho,

Given name added from a supplemental report

....., 19.....

Registrar

Filed Mch 12 1913 T. Leo Dunphy

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

75-9-110-040-949

CERTIFICATE OF BIRTH

County of Dorchester

City of Wallace

No. Cor. Cur St.

Hospital

Registration District No. 28

Primary Registration District No. 1011

File No. 12564

Registered No. 17

FULL NAME OF CHILD ~~Dominic Peretti~~ DOMINIC PERETTI

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 10, 1913

	FATHER	MOTHER
FULL NAME	PERETTI Jos B. ~~Peretti~~	FULL MAIDEN NAME ~~Rosa Tumagna~~
RESIDENCE	Wallace Idaho	Wallace Idaho
COLOR	White	
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	Italy	Italy
OCCUPATION	Laborer	—

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. L. Stone M.D.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mar. 13, 1913 T. Leo Quigley

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone

Certificate No. 12564

Date Filed April 13, 1943

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Peretti (Name on Original Certificate) who Born (Was Born or Died) on March 10, 1913 (Date of Event)
in Wallace, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptismal Certificate (Bible Record, Insurance Policy, Etc.) prepared on March17, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Preeti	Peretti
Name		Dominic

Subscribed and sworn to before me this 15th
day of April, 19 43.
Notary Public, residing at Wallace, Idaho.
My commission expires Oct. 22, 1946.
(Seal)

Signed Mrs Margaret Peretti Haugaard.
(Signature of parent or attendant if correcting birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Burke, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th
day of April, 19 43
Notary Public, residing at Wallace, Idaho
My commission expires Oct. 22, 1946.
(Seal)

Signed Frank Peila
(Signature of Any Credible Person Other Than Previous Year)
404 R. St. Wallace Ida.
(Street Address, City, State)

APR 2 0 1943

251-114-040-275

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Wallace Registration District No. 28 File No. 12565

No. St. Primary Registration District No. 101 Registered No. 18

Hospital Providence

FULL NAME OF CHILD Rowland Beardsley

Sex of Child: Male	Twin, Triplet, or other? One (To be answered only in event of plural births)	and Number in order of birth: 4	Legitimate? Yes	Date of birth: Mar. 14 (Month) (Day), 1913 (Year)	

FATHER		MOTHER	
FULL NAME	Roy Beardsley	FULL MAIDEN NAME	Myrtle Reyes
RESIDENCE	Wallace Idaho	RESIDENCE	Wallace Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Mo.	BIRTHPLACE	Mo.
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. J. Mowery

Physician

(Physician or Midwife)

Address Wallace Idaho

Given name added from a supplemental report

....., 19.....

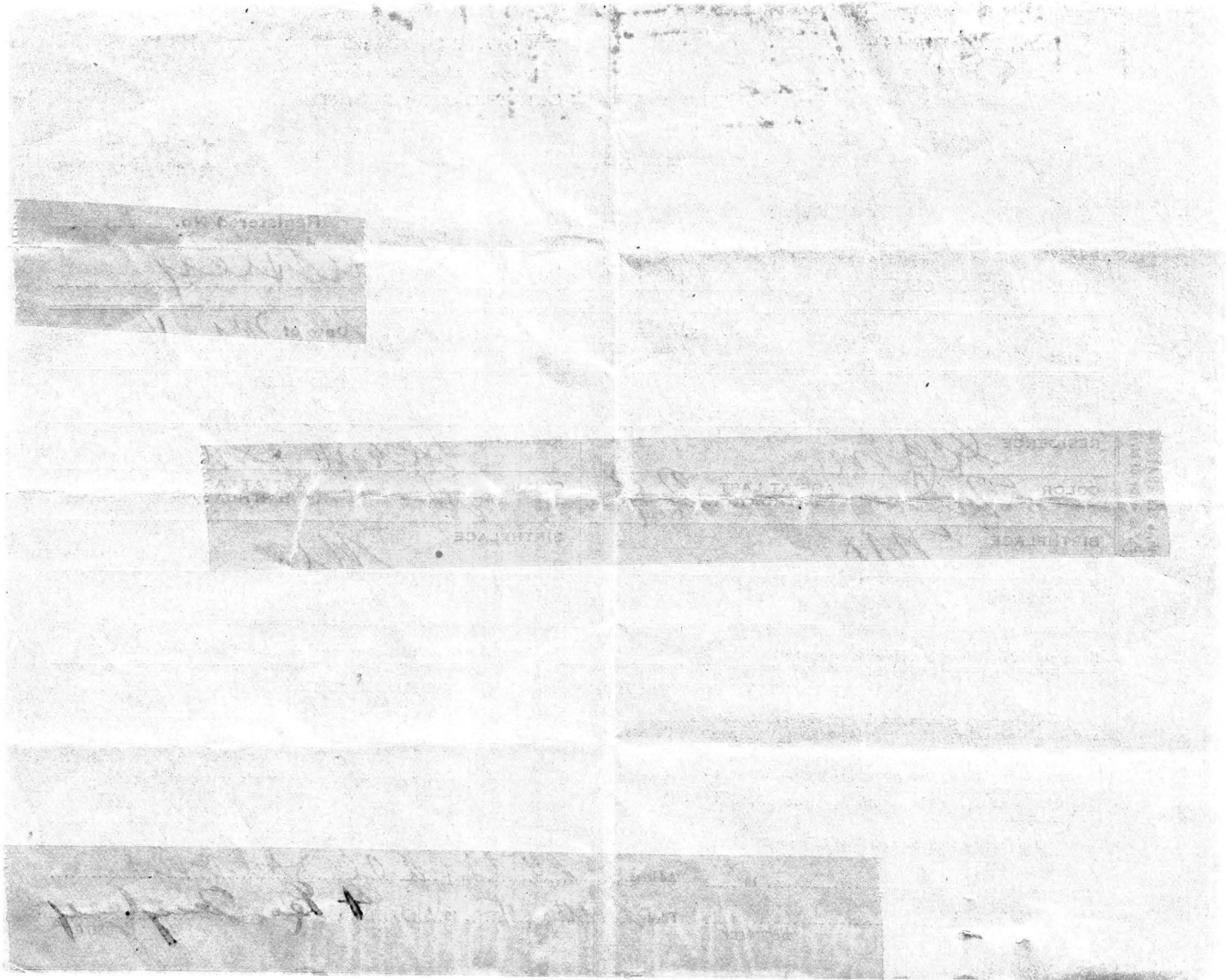
.....

Registrar

Filed Mar. 17, 1913 F. L. Beardsley

Registrar

S-Y CO., 18669



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

565-10-256

PLACE [redacted]

Form [illegible] 12

[illegible] OF HOUSING
[illegible] TAL STATISTICS
[illegible] TE OF BIRTH

County of [illegible]

City of Montpelier

Registration District No. 24

File No. 12566

No. _____ St.

Primary Registration District No. 2098

Registered No. 32

Hospital _____

FULL NAME OF CHILD RUSSELL STOCKER VON ALMEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	March 2 1913

FATHER		MOTHER	
FULL NAME	Emil Von Almen	FULL MAIDEN NAME	Sarah Stocker
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	W	AGE AT LAST BIRTHDAY (Years)	29
COLOR	W	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	BIRTHPLACE	Vermont
OCCUPATION	Laborer	OCCUPATION	None

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emily and Lovely

[illegible] (Physician or midwife)

Address [illegible]

Given names added from a supplemental report

..... 19.....

Filed Mar. 26. 1913 [illegible] Registrar

..... Registrar

8-Y CO. 20174

OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Bear Lake } ss.

Certificate No. 12566

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death) for Unnamed Von Allamn (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1913 (Date of Event) in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Van Allman	Von Almen tocker
Name	Unnamed	Russell S. Von Almen

Subscribed and sworn to before me this 1 day of May, 1942

Notary Public, residing at Paris

My commission expires

(Seal)

Signed Adeline E. Sueller (Attending Nurse)

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

IDAHO
—BUREAU
IGENVI CI

MAY 4

MAY 20

Amended 2/3/72

396-228-004-814

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12567
Local Reg. No.
Reg. Dist. No. 24

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montpelier
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Beryl
b. (Middle):
c. (Last): Crockett

4. SEX: Female
5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____
5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____
6. DATE OF BIRTH (Month) (Day) (Year): Feb. 28, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Emer
b. (Middle):
c. (Last): Crockett

8. AGE (At time of this birth): 32 YEARS
9. BIRTHPLACE (State or foreign country) (City or Town): Logan, Utah
10. USUAL OCCUPATION: Boiler Maker
11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Jane
b. (Middle):
c. (Last): Hamp

13. AGE (At time of this birth): 33 YEARS
14. BIRTHPLACE (State or foreign country) (City or Town): Franklin, Idaho
15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)
16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D'Orr Poynter
18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) ____
19. ADDRESS: Montpelier, Idaho
20. DATE SIGNED:
21. DATE REC'D BY LOCAL REG.: 4-10-13
22. REGISTRAR'S SIGNATURE: H. W. King, M. D.
23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

6-24-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS JAN 31 12 58 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12567

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Crockett (Name on Original Certificate) who was born (Was Born or Died) on March 1, 1913 (Date of Event)
in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (2) Documents (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Omitted	Beryl
Date of birth	March 1, 1913	Feb. 28, 1913
Mother's birthplace	Logan, Utah	Franklin, Idaho

Subscribed and sworn to before me this 7th day of June, 1972

T. Bruce Lawson Jr.

Notary Public, residing at Salt Lake City, Utah

My commission expires 6-25-73

(Seal)

Signed Faye Crockett
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 1972

T. Bruce Lawson Jr.

Notary Public, residing at Salt Lake City, Utah

My commission expires 6-25-73

(Seal)

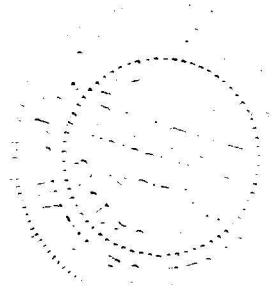
Signed Dee Newsome
(Signature of Any Credible Person)

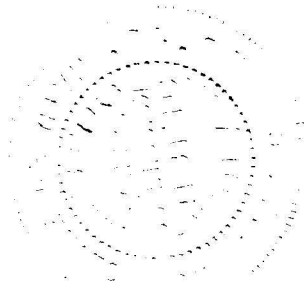
889 E 3 Fin Dr #219 Murray, Utah
(Street Address, City, State)

FORM DH 60-155

Certificate of Baptism and Confmation frm LDS Church gives name as Beryl Crockett daughter of Emer Crockett, Jr and Mary Jane Hamp. Born Feb. 28 , 1913. Was Baptized May 22, 1921 and Conmfd. May 22, 1921. Viewed by V. S.

Family recordfor Emer Crockett, Jr. and Family gives wife's name as Mary jane Hmap born Jan. 13, 1889 at Franklin, Idaho. gives child's name as Beryl Crockett. Born Jan. 28, 1913. Was blessed May 29, 1913. Viewed by V. S.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12567

Primary Registration District No. 2098 Registered No. 38

FULL NAME OF CHILD Not Named.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Emer Crockett	June Hamp
RESIDENCE	Montpelier Idaho	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	33
BIRTHPLACE	Logan Ut.	Logan Ut.
OCCUPATION	Boiler Maker	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Coyner M.D.

(Physician or Midwife)

Address Montpelier elder

Given names added from a supplemental report

Montpelier 4/1, 1913

Filed 4-10-1913

J. W. Kempwood

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

JUN 24 1970

FEB 3 1972

Amended 7-27-60

PLACE OF BIRTH

523-223-004-249

County of Bear Lake

City of Montpelier

No. ..... St.

Hospital .....

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12568

Primary Registration District No. 2098 Registered No. 40

FULL NAME OF CHILD Emmeline Eschler

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		Yes	March 23, 1913

What bacterieidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Arnold Eschler	FULL MAIDEN NAME: Marie Burgen
RESIDENCE: Montpelier	RESIDENCE: Montpelier
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 55 (Years)	AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Switzerland	BIRTHPLACE: Switzerland
OCCUPATION: Laborer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... , 192....

....
Registrar.

(Signature) D'Orr Poynter

M.D.
(Physician or midwife)

Address Montpelier, Idaho

Filed 4-10-1913 J.W. Hayward
Registrar.

Montpelier High School Transcript, Certified Copy, signed by H.W. Phillips, Montpelier Idaho High School, Sept., 1927 gives full name of child as Emmeline Eschler, copy issued April 28, 1960 - viewed by V.S.

Other documents listed on back

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12568

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Eschler (Name on Original Certificate) who born (Was Born or Died) on March 23, 1913 (Date of Event)

in Montpelier, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Emmeline Eschler
Full Maiden Name of Mother	Mary Burgen	Marie Burgen

Subscribed and sworn to before me this "& 27 day of April, 19 60

Notary Public, residing at Montpelier, Idaho
My commission expires May 3, 1961
(Seal)

Signed Virginia M. Hymas
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

462 Lincoln Montpelier, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bear Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of April, 19 60

Notary Public, residing at Montpelier, Idaho
My commission expires May 3, 1960
(Seal)

Signed Rosella G Whinham
(Signature of Any Credible Person)

Montpelier Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 4-15-60. nm

Certified Statement from Ursula Feltes, Ledger Clerk, St. Vincent's Hospital, Portland 10, Oregon - States -"This is to verify that Mrs. Marie Eschler was a patient at St. Vincent Hospital in Portland, Oregon from August 25, 1946 until October 2, 1946. Her age at that time was 70; her birthdate, December 25, 1875; her birthplace Switzerland. Her maiden name was Marie Burgen." - viewed by V.S.

Application for National Service Life Insurance, Veterans Administration, January 26, 1944 for John H. Eschler lists Principal Beneficiary as Mrs. Marie B. Eschler, mother and Contingent Beneficiary as Mrs. Emmeline Lewis, sister. - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 12568

Primary Registration District No. 2098 Registered No. 40

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Mch 23 1912

FATHER		MOTHER	
FULL NAME	Arnold Zocher	FULL MAIDEN NAME	Mary Burgen
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Switzerland	BIRTHPLACE	Switzerland
OCCUPATION	Laborer	OCCUPATION	Home Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Don Cowles M.D.

(Physician or Midwife)

Given names added from a supplemental report

Montpelier 4/7, 1913

Address Montpelier elder.

Filed 4-10-1913

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

JUL 27 1960

296-179-004-154

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bear Lake

City of Montpelier

Registration District No. 24 File No. 12569

No. ____, ____ St.

Hospital ____ Primary Registration District No. 2098 Registered No. 39

FULL NAME OF CHILD ~~Not Named~~ Elmer Adolph Krogue

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 29, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Angus Krogue	Bertha Anderson
RESIDENCE	Montpelier	Montpelier
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	30 (Years)
BIRTHPLACE	Bloomington Ida	Denmark
OCCUPATION	Lvc. Fireman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 40 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) ~~J. F. Krogue~~

M D

(Physician or Midwife)

Given names added from a supplemental report

Montpelier 4/7 1913

Address Montpelier Idaho

~~A. F. Holdaway~~ Registrar

Filed 4-10-1913 J. W. Kingsford Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. II-C—10m-8-7-11

3-8-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of BINGHAM } ss.

Certificate No. 12569

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Krogue (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1913 (Date of Event)
in Montpelier (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by CHURCH PAPER LIFE INSURANCE (Bible Record, Insurance Policy, Etc.) prepared on 8-27-26 8-28-30 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Elmer Adolph

Subscribed and sworn to before me this 24th day of March, 1967.

Patricia L. Preston

Notary Public, residing at Blackfoot Idaho

My commission expires 2-6-70

(Seal)

X Signed Douglas R Parkinson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 69 Blackfoot Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of BINGHAM } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of March, 1967.

Patricia L. Preston

Notary Public, residing at Blackfoot Idaho

My commission expires 2-6-70

(Seal)

Signed E. Lynn Reed

(Signature of Any Credible Person)

655 S Fisher Blackfoot Idaho

(Street Address, City, State)

FORM DH 60-155

Insurance Policy issued by Business mens Assurance Co. in K. C.-Mo. gives name as Elmer Adolph Krogue. Application dated aug. 28, 1930.
Viewed by V. S.

APR 1-1 1967

Notorized copy of Patriach Blessing gives name of child as ElmerADolph Krogue son of Angus and Bertha Anderson Krogue, born at Montpelier, Idaho on March 29, 1913. Original Blessing dated Aug 27, 1926 and signed by Henry Hoff.
Viewed by V. S.

391-127-004-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No ____, ____ St.

Hospital ____

Registration District No 24 File No. 12570

Primary Registration District No 209 Registered No. 37

FULL NAME OF CHILD James George CRANE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Mch 27 1913

	FATHER	MOTHER
FULL NAME	James A. A. CRANE	FULL MAIDEN NAME Jessie M Perkins
RESIDENCE	Bennington Idaho	Bennington Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	24	20
BIRTHPLACE	Bennington Idaho	Bennington Idaho
OCCUPATION	Farming	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Payne

M D

(Physician or Midwife)

Address Montpelier Idaho

Given names added from a supplemental report

Montpelier Idaho 4/11 1913

J W Thompson

Registrar

Filed 4-10-1913 J W Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bear Lake }

Certificate No. 12570

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for James George Crain (NAME ON ORIGINAL CERTIFICATE) who male (WAS BORN OR DIED) born on March 27 1913 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Ward record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on May 4th 1943 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Surname	Crain	Crane
James George Crane		James A. A. Crane
Fathers name		Jessie M. Perkins
Mothers name		

Subscribed and sworn to before me this 3
day of March, 1943
Levi Adams
Notary Public, residing at Montpelier Idaho
My commission expires Dec 15 - 1945
(SEAL)

Signed James A. A. Crane
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bear Lake }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3
day of March, 1943
Levi Adams
Notary Public, residing at Montpelier Ida
My commission expires Dec 15 - 1945
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 14 1943

235-217-004-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 12571

Primary Registration District No. 2098 Registered No. 41

FULL NAME OF CHILD Helen Sidonia Stearns

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	March 17, 1913

	FATHER	MOTHER
FULL NAME	Walter F. Stearns	FULL MAIDEN NAME Sidonia Olsten
RESIDENCE	Montpelier Id	RESIDENCE Montpelier
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	29	AGE AT LAST BIRTHDAY (Years) 26
BIRTHPLACE	Ogden, Ut.	BIRTHPLACE Ephraim, Ut.
OCCUPATION	Implv. Merchant	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. M. Poynter M.D.

(Physician or Midwife)

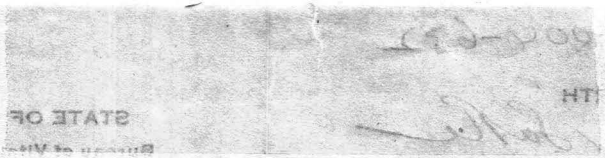
Given names added from a supplemental report

Montpelier 4/7/1913 Address Montpelier Idaho.

W. H. Kingsbury M.D. Registrar

Filed 4-10-1913 J. W. Thompson Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826



DEC 24 1956

249-002-004-285

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12572

Primary Registration District No. 2098 Registered No. 34

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	March 2, 1913

FATHER		MOTHER	
FULL NAME	Henry Smith	FULL MAIDEN NAME	Ellen Sumner
RESIDENCE	Montpelier	RESIDENCE	Montpelier,
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Bear
OCCUPATION	O & G Engineer	OCCUPATION	H

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Cuby Mckay

(Physician or midwife) Montpelier Idaho

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

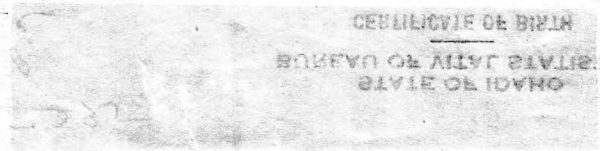
Filed 3-27-13 J. W. Sherwood Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO

133-120-004-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bear Lake

City of Montpelier

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No 12573

Primary Registration District No 2098 Registered No 43

FULL NAME OF CHILD Not Named

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 20 1913

FATHER		MOTHER	
FULL NAME	Mark Allen	FULL MAIDEN NAME	Dora Jepsom
RESIDENCE	Montpelier	RESIDENCE	Montpelier
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho Falls Ida.
OCCUPATION	Dry Gds clerk	OCCUPATION	Homemaker

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 2.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Rogers M.D.

(Physician or Midwife)

Given names added from a supplemental report

Montpelier 4/11, 1913

Address Montpelier Idaho

Filed 4-10-1913

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

515-110-004-972

Amended 6-10-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12574
Local Reg. No. 42
Reg. Dist. No. 24

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bear Lake
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bennington
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Bennington
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lyle
b. (Middle): C
c. (Last): Van Orman

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 10, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Abraham
b. (Middle):
c. (Last): Van Orman

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Bennington, Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Tennie
b. (Middle):
c. (Last): Ipsen

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ottawa, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 4
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy)? 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D'Orr Poynter, M.D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Montpelier, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 4-10-1913

22. REGISTRAR'S SIGNATURE: J.W. Hayward

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 30 1966
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 12574

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lyle C VanNorman (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1913 (Date of Event)
in Bennington, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Last Name	Van Norman	Van Orman
Father's Last Name	Van Norman	Van Orman
Mother's Full Maiden Name	Tanie Ibsen	Jennie Ipsen

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jerome }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4th day of March 1966

Nancy Thomas Pollard
Notary Public, residing at Jerome, Idaho
My commission expires Sept. 27, 1966
(Seal)

Signed John L. VanOrman
(Signature of Any Credible Person)

Rte 2 - Jerome, Idaho
(Street Address, City, State)

FORM DH 60-155

CL 3-1-66. ~~AM~~ one copy pd. rec. #9878.

Registration Certificate, Selective Service, dated Oct. 16, 1940 gives full name as Lyle C VanOrman - viewed by V.S.

The Equitable Life Insurance Co. Policy, dated June 24, 1940, policy no. 11,153,525 gives full name as Lyle C. VanOrman- viewed by V.S.

L.D.S. Church Cert. of Ordination to the Holy Priesthood as a Priest, April 1, 1930 gives full name as Lyle C. VanOrman, born March 10, 1913 at Bennington, Idaho to Abraham C. VanOrman and Tennie R. Ipsen - viewed by V.S.

L.D.S. Church Cert. of Ordination to the Holy Priesthodd as an Elder, June 2, 1935 gives full name as Lyle C. VanOrman, born March 10, 1913 at Bennington, Idaho to Abraham C. VanOrman and Tennie R. Ipsen - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bennington

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 — File No. 12574

Primary Registration District No. 2097 — Registered No. 42

FULL NAME OF CHILD Lyle C. Van Norman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 10, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Abraham Van Norman	James Olsen
RESIDENCE	Bennington	Bennington
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	Bennington	Ottawa, Ut.
OCCUPATION	Farmer	Homewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was dead (Born alive or stillborn), at 10:20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Sanders M.D.

(Physician or Midwife)

Given names added from a supplemental report

Montpelier, Ida., 1913 — Address Montpelier Idaho

W. H. Hardy M.D. Registrar — Filed 4-10-1913 J. W. Sanders Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 1 0 1966

718-207-004-241

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12575

Primary Registration District No. 2096 Registered No. 26

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Female			Yes	March 7 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Nephi Walter Payne	FULL MAIDEN NAME	Ada Smart
RESIDENCE	Bloomington, Idaho	RESIDENCE	Bloomington, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bloomington, Idaho	BIRTHPLACE	Glendale, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-26-1913 Jesse Ward Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826 Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

213-209-004-241

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 24 File No. 12576

Primary Registration District No. 2094 Registered No. 25

FULL NAME OF CHILD Lucille Bacon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes	March 9 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Frank Wilbur Bacon	FULL MAIDEN NAME	Grace Smart
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Georgetown, Idaho	BIRTHPLACE	Ovid, Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3d

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 3-26-1913 J. W. Kurtwood Registrar

SYMS - YORK CO., PTRS. & BDRS 17328

APR 11 1975

JUL 9 1946

331-107-004-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Georgetown

No _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 12577

Primary Registration District No. 2096 Registered No. 27

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 7, 1913

FATHER		MOTHER	
FULL NAME	Marion Charles Clark	FULL MAIDEN NAME	Ella Shepherd
RESIDENCE	Georgetown Idaho	RESIDENCE	Georgetown Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Georgetown, Idaho	BIRTHPLACE	Paris, Idaho
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:40 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma W. Clark

Midwife (Physician or Midwife)

Address Georgetown, Idaho

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 3-24 1913 J. W. Kingsford Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

FULL NAME OF CHILD

FATHER

AGE AT LAST BIRTHDAY

COLOR

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

365-121-004-288

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bear Lake

City of Paris

No. ____ St.

Hospital ____

Registration District No. 24 File No. 12578

Primary Registration District No. 2092 Registered No. 44

FULL NAME OF CHILD J. Glen Longhurst

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	Mar. 21 1913

FATHER		MOTHER	
FULL NAME	Lehas G. Longhurst	FULL MAIDEN NAME	Margut Bryson
RESIDENCE	Leslie Idaho	RESIDENCE	Leslie Idaho.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Longhurst M.D.
(Physician or midwife)

Address Paris Idaho

Given names added from a supplemental report

____ 19____

____ Registrar

Filed 4-10-1913 J. W. Longhurst Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss. JAN 24 9 34 AM '78

Certificate No. 12578

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for J Glen Longhurst (Name on Original Certificate) who was born (Was Born or Died) on Mar. 21, 1913 (Date of Event)

in Paris, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	J Glen Longhurst

Subscribed and sworn to before me this 20 day of January, 19 78

Don Bitzer
Notary Public, residing at Payette, Idaho
My commission expires Jan 14, 1982
(Seal)

Signed Margaret B Longhurst
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155

Correction corresp. 10-7-77 1 copy pd (L) fc

J. Glen Longhurst Ordained in the Aaronic Priesthood in the Church of Jesus Chirst of Latter-Day Saints on Decmeber 14, 1930 in Charles G. Longhurst who wholds the office ofHigh Priest and Clerk of Paris #1st Ward Bear Lake County, Idaho.
viewed by V.S.

Baptismal record gives name as J. Glen Longhurst son of Charles G. Longhurst and Margaret Bryson. Born March 21, 1913 at Paris, Idaho. Baptized by Joseph Collings on April 23, 1921.
Viewed by V.S.

955-106-004-296

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear Lake

City of Bloomington

No ——, ——— St.

Hospital ———

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 24 File No. 12579

Primary Registration District No. 2091 Registered No. 35

FULL NAME OF CHILD Reese

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male			yes	Mar. 6 1913

FATHER		MOTHER	
FULL NAME	Lotwick Lazarus Reese	FULL MAIDEN NAME	Frances Elizabeth Brown
RESIDENCE	Bloomington Idaho	RESIDENCE	Bloomington Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Bloomington Idaho	BIRTHPLACE	Almy, Wyoming
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 50 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. A. Hottendorf M.D.

Physician (Physician or Midwife)

Address Bloomington Idaho

Given names added from a supplemental report

....., 19.....

Filed MARCH 19 13

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

STATE OF IDAHO

699-201
042-168

PLACE OF BIRTH

County of Twin Falls

City of Buhl.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 12581

Primary Registration District No. 13 Registered No. .....

FULL NAME OF CHILD Glenora Fruletter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
female			yes	Mar 1 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Glen Fruletter	FULL MAIDEN NAME	Nora Johnston
RESIDENCE	Buhl	RESIDENCE	Buhl.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Minn.
OCCUPATION	Bank clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. Wetherbee

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-10 1913 J. Thurlow Registrar

S-Y 667. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 22 1972

NOV 15 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU OF VITAL STATISTICS DEC 1 1 10 PM '72

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California
County of Contra Costa } ss.

Certificate No. 12581

Date Filed 11/28/72

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Fritcher (Female) (Name on Original Certificate) who was born (Was Born or Died) on March 1, 1913 (Date of Event)
in Buhl, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by school records (Bible Record, Insurance Policy, Etc.) prepared on Jan. 25, 1926 & Sept. 17, '31 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Glenora Hazel Fritcher

Subscribed and sworn to before me this 22nd day of November 19 72.

Kerby L Parnell

Notary Public, residing at Richmond, Ca 94804

My commission expires March 6, 1973

(Seal)

OFFICIAL SEAL
KERBY L. PARNELL
NOTARY PUBLIC) CALIFORNIA
COUNTY OF CONTRA COSTA
My Commission Expires March 6, 1973

Signed Hazel A. Elston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

5616 ElDorado, apt. 4, El Cerrito, Ca. 94530
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of November, 1972

Notary Public, residing at Mtn View Calif

My commission expires 1/29/76

(Seal)

Signed Jean M Crooke
(Signature of Any Credible Person)

255 So. Rengstorff Ave #111
(Street Address, City, State) Mountain View, Calif

FORM DH 60-153 CL 11/15/72

Transcript from High School in Twin Falls, Idaho gives name as Glenora Fritcher born 3/1/13. Date of Entrance 1/25/26. Graduated May 23, 1930. Viewed by VS

Marriage Certificate from Nevada gives groom's name as Stanley Anderson and the bride's name as Glenora Fritcher. Dated Aug. 27, 1936. Viewed by V. S.

JAN 5 1973

255-111-042-249

PLACE OF BIRTH amended Mar. 30, 1970

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form A. No. 11-C—20m-2-15-12

County of T Falls

City of Buhl Ida

Registration District No. 2087 File No. 12582

No. ..... St.

Primary Registration District No. 23 Registered No. .....

Hospital .....

FULL NAME OF CHILD Leo Henry Senften

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3 11 1913

FATHER		MOTHER	
FULL NAME	Henry Senften	FULL MAIDEN NAME	Ruth Smithurst
RESIDENCE	Buhl Ida 5 mi W 5 S,	RESIDENCE	5 mi W 5 S of Buhl
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Claremont Ill	BIRTHPLACE	Claremont Ill.
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10.30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. McClusky M.D.

(Physician or midwife)

Address Buhl

Given names added from a supplemental report

..... 19.....

Filed 3-14 1913 J. T. Merrifield

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Amended Mar. 30, 1970

PLACE OF BIRTH

Form V.S. No. H-C—20m-8-15-2

12-18-78

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 12582

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for unnamed Senften (male) (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1913 (Date of Event)
in Castleford (Twin Falls) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	omitted	Leo Henry Senften

Subscribed and sworn to before me this 26th day of February, 1979

Notary Public, residing at Castleford, Idaho 83321
My commission expires Life.
(Seal)

Signed Henry R. Senften
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
RT #1 Castleford Idaho 83321
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of February, 1979

Notary Public, residing at Castleford, Idaho 83321
My commission expires Life.
(Seal)

Signed Ruth A. Senften
(Signature of Any Credible Person)
RT #1, Castleford, Idaho 83321
(Street Address, City, State)

FORM DH 80-153

Military discharge lists name as Leo H. Senften, dated April 22, 1946, Army of the United States.
viewed by vs March 30, 1979

Castleford High School diploma, lists name as Leo Henry Senften, graduated May 13, 1931, Castleford, Idaho.
viewed by vs March 30, 1979

753-119-042-385

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12583

Registration District No. 2087 File No. .....

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Harvey James Petersen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	19 1913

	FATHER	MOTHER
FULL NAME	James Peterson	FULL MAIDEN NAME Gertie Christiansen
RESIDENCE	1½ N. 1/2 E Buhl Ida	RESIDENCE 1½ N. 1/2 E Buhl Ida
COLOR	W.	COLOR W.
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE	Rungsted Denmark	BIRTHPLACE Herning Denmark
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. S. McClusky M.D.

(Physician or midwife)

Address Buhl

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-14 1913

J. Thurston Registrar

S-Y CO. 20174

DEC 24 1941

285-204-042-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 12584

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD NORMA ELNORA SHEWMAKE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	3 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wylie Shewmake	Eva Johnson
RESIDENCE	Buhl Ida	Buhl Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	43	34
BIRTHPLACE	Rockycomfort Mo	Spurgeon Mo
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. McClusky M.D.

(Physician or midwife)

Address Buhl

Given names added from a supplemental report

..... 19.....

Filed 3-14 1913 J. T. Dwerfley

Registrar

..... Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

OCT 25 1941

Certificate No. 12584

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Norma Elnora Shewmake (Name on original certificate) who was born (Was born or died) on March 4, 1913 (Date of event)
in Buhl, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Shewmake	Norma Elnora Shewmake

Subscribed and sworn to before me this 22nd day of October, 1941

Notary Public, residing at Los Angeles
My commission expires 3/20/45
[SEAL]

Signed Alpha Elena Shewmake
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4112 S. San Pedro St., Los Angeles Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of ~~his~~ her knowledge.

Subscribed and sworn to before me this 22nd day of October, 1941

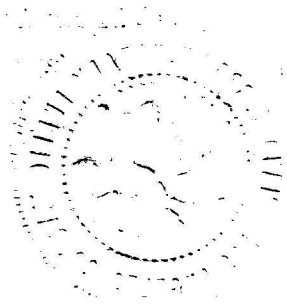
Mildred E. Brown

Notary Public, residing at Los Angeles
My commission expires 3/20/45
[SEAL]

Signed Eunice E. Watkins
(Signature of any credible person other than the previous affiant.)

4112 S. San Pedro St., Los Angeles Calif.
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)



493-114-042-231

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11 C—2m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl

Registration District No. 2087 File No. 12585

No. ..... St.

Primary Registration District No. 23 Registered No. .....

Hospital .....

FULL NAME OF CHILD Roy Stafford Miller

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	3 16 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy Hugh Miller	Evelyn Stanley
RESIDENCE	Buhl Ida	Buhl
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Cape Ann Mass	St Louis Mo
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. McClaughry M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 3-19 1913

S-Y CO. 20174

..... Registrar

J. T. Mauville Registrar

cc 11-19-40 مهم

AFFIDAVIT

THIS is to certify that my real name is:

Roy Cameron Shefford Millar,

as shown from a letter to me by my Mother and possibly mistake was made when Dr. McKausky signed the records.

Appeared before me this 13th. day of November 1940

Roy C. S. Millar

Notary Public Tacoma, Wash.,

A. M. Millar

RECEIVED
NOV 18 1940

365-214-042-354

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Burke

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 2067 File No. 12586

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Lena Maris Tonseth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	3 14 1913

FATHER		MOTHER	
FULL NAME	Emil Tonseth	FULL MAIDEN NAME	Maud Temple
RESIDENCE	Burke Idaho RW 3/4 S	RESIDENCE	Twin Falls Co Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Fergus Falls Minn	BIRTHPLACE	Coffeyville Kan
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. McClusky M.D.

(Physician or midwife)

Address Burke

Given names added from a supplemental report

..... 19.....

Filed 3-19 1913

S-Y CO. 20174

..... Registrar

J. T. Murphy Registrar

AUG 20 1942

955-230-042-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Burley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 12587

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	March 31 1913

FATHER		MOTHER	
FULL NAME	Fred Reed	FULL MAIDEN NAME	Elsie Clark
RESIDENCE	3 C 3/4 N. Burley Ida	RESIDENCE	3 C 3/4 N. Burley Ida
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ohio New	BIRTHPLACE	Coalville Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. F. McClusky M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 3-31 1913 J. T. Murphy Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 6 1974

459-131-042-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Buhl

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2087 File No. 12588

Primary Registration District No. 23 Registered No. .....

FULL NAME OF CHILD Gordon Raymond Jerald Merrill

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	Mar. Apr. 31 1913

FATHER		MOTHER	
FULL NAME	C.C.Merrill	FULL MAIDEN NAME	May Bazzell
RESIDENCE	Buhl	RESIDENCE	same
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Tex.
OCCUPATION	Grocery clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12.30a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J.T.Dwerfley. M.D.

(Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-31 1913 J.T.Dwerfley Registrar

S-Y CO. 20174

695-12-042-395

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Buhl — Registration District No. 2087 — File No. 12589

No. ____ St. — Primary Registration District No. 23 — Registered No. ____

Hospital ____

FULL NAME OF CHILD CARL OLIVER FREDENHAGEN

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	3 22 3 191

FATHER		MOTHER	
FULL NAME	A.H.Fredenhagen	FULL MAIDEN NAME	Anna Linstrum
RESIDENCE	Buhl	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Sweeden
OCCUPATION	~~Real estate~~	OCCUPATION	housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3. p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. T. Brumfield

M. D. (Physician or midwife)

Address Buhl Ida.

Given names added from a supplemental report

....19....

Filed 3-25 1913 J. T. Brumfield Registrar

....Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Gem }

Certificate No. 12589

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Unnamed Fredenhagen (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Mar. 22, 1913 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Fredenhagen	Carl Oliver Fredenhagen

Subscribed and sworn to before me this 9th
day of May, 19 42.

Notary Public, residing at Emmett, Idaho

My commission expires

(SEAL)

Signed Adolph R. Fredenhagen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Rt. 2, Emmett, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Gem }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th
day of May, 19 42.

Notary Public, residing at Emmett, Idaho

My commission expires

(SEAL)

Signed Adolph R. Fredenhagen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

MAY 18 1942

141-101-042-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Filer

Registration District No. 23

File No. 12590

No. ..... St.

Primary Registration District No. 2086

Registered No. .....

Hospital .....

FULL NAME OF CHILD Not Named Aman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	3 / 1 / 13

	FATHER	MOTHER
FULL NAME	Herb Aman	FULL MAIDEN NAME Sophia Darbonzt
RESIDENCE	Filer Ida	RESIDENCE Filer Ida
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years) 33
BIRTHPLACE	Iowa	BIRTHPLACE Illinois
OCCUPATION	Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr A A Newberry

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Filer

Filed 3-20 19 13

S-Y CO. 20174

..... Registrar

John L Coughlin Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

751-104-042-281

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 12591

Primary Registration District No. 2085 Registered No. ____

FULL NAME OF CHILD FRANK HARRIS PEAVEY

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		5	Yes	March 4 1913

FATHER		MOTHER	
FULL NAME	Arthur J. Peavey	FULL MAIDEN NAME	Elizabeth Shoup
RESIDENCE	Twin Falls	RESIDENCE	Twin Falls
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Calfornia	BIRTHPLACE	Wisconsin
OCCUPATION	Abstractor	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Boyd MD (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....19....

Filed 3-8 19 13 John Coughlin Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 1942

ted States
partment of Commerce
eau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
a) County Twin Falls (b) City Twin Falls.
c) Street Address or R.F.D. No. 460 - 3rd Ave E.
d) Name of Hospital or Maternity Home:
e) Mother's stay **BEFORE** delivery: IN THIS county — years 1 months 0 days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Twin Falls
(c) City Twin Falls
(d) Street Address or R.F.D. No. 460-3rd Ave E.
(e) How long has **MOTHER** lived in Idaho? 1 2 yrs
3. **RESIDENCE OF FATHER** (city, state) Twin Falls

FULL NAME OF CHILD Frank Harris Peavey
5. Date of Birth of Child (Month, day, year) March 4-19
Sex M
7. Twin or Triplet —
If so—born 1st, 2nd, 3rd —
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

FULL NAME Arthur Jacob Peavey
Color or Race W
12. Age at time of THIS birth 37 yrs.
Birthplace Santa Rosa (City or town) California (State or foreign country)
Exact Occupation Abstract Business
Industry or Business Abstractor

MOTHER OF CHILD

16. FULL MAIDEN NAME Elizabeth Strong
17. Color or Race W
18. Age at time of THIS birth 31 yrs
19. Birthplace De Pere (City or town) Wisconsin (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business At home.

Name prophylactic used to prevent Ophthalmia Neonatorum Ag. Nez - 1%
Number of children of this mother: (a) At time of birth and including this child 5 (b) Born alive and now living 4

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was (Born alive ~~(or born)~~) at 4 A M. on the dat
and at the place stated above, and that personal particulars were furnished by Mrs. Elizabeth Peavey (First name) (Last name), who
related to this child as Mother (Mother, etc.)
Attendant's OWN signature John H Franklin M.D. Midwife Address Twin Falls Idaho Date Sept 2-19

AUG 28 1944

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

418-227-042-643

Form—Vit. St. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of ✓

No. ✓ St.

Hospital ✓

Registration District No. 23 File No. 12592

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Caroline A Day Stevens

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	yes	3 27 1913

FATHER		MOTHER	
FULL NAME	John F Day	FULL MAIDEN NAME	Della Flora Isabella Fuller
RESIDENCE	Twin Falls County	RESIDENCE	Twin Falls Co
COLOR	White	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Wellsboro Pa	BIRTHPLACE	Wheatland N Dak
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

Physician (Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

..... 19.....

Filed 4-14 1913 John H Douglas

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 8 - 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 12592

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Caroline Stevens Day (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 27, 1913 (DATE OF EVENT) in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Insurance Policy (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1925 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Caroline	Caroline Stevens Day
Mother's name	Isabelle	Della Flora Fuller Day

Subscribed and sworn to before me this 2nd day of October, 19 42.

Emily Hickey

Notary Public, residing at Los Angeles, Calif

My commission expires Oct. 12-1942

(SEAL)

Signed Clarence Vernon Leonard

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

6034 Eleanor

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at

(STREET ADDRESS, CITY, STATE)

My commission expires

(SEAL)

Received for filing on By

(REGISTRAR'S SIGNATURE)

SEP 15 1954

OCT 9 1942

419-124-042-753

Rev. V. S. No. 11-C—20m-3-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No. 401 - 3 ave W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 12593

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Emil Wilson Martin

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	Yes	9 24 1913

FATHER		MOTHER	
FULL NAME	Thor H. Martin	FULL MAIDEN NAME	Anna Peck
RESIDENCE	Twin Falls Idaho	RESIDENCE	Twin Falls Idaho
COLOR	White.	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Winfield Kansas	BIRTHPLACE	Harrington Dell
OCCUPATION	Contractor Boarder	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L. Alexander

Physician (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4-14 19 13 John H. Coughlin
Registrar

S-Y CO. 20174

845-128-042-419

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of —

No. — St.

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 12594

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Quessnell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	3 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Archie Quessnell	Eunice Martell
RESIDENCE	Twin Falls Co	Twin Falls Co
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Grove Park Minn	Terrebonne Minn
OCCUPATION	Rancher	Home Wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5:30 A.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O M Edwin Alexander

Physician
(Physician or midwife)

Address Twin Falls Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4-14 19 13 John W. Coughlan
Registrar

B-Y CO. 20174

336 - 224-042-695

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

Registration District No. 23

Primary Registration District No. 2285

File No. 12595

Registered No. ____

FULL NAME OF CHILD Esther J. Clouse

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No.	and	Yes	3 24 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ira H. Clouse	Frances A. Hunter
RESIDENCE	Twin Falls Ida.	Twin Falls, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	New Jersey	New York
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report ____, 19____

(Signature) N. G. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida.

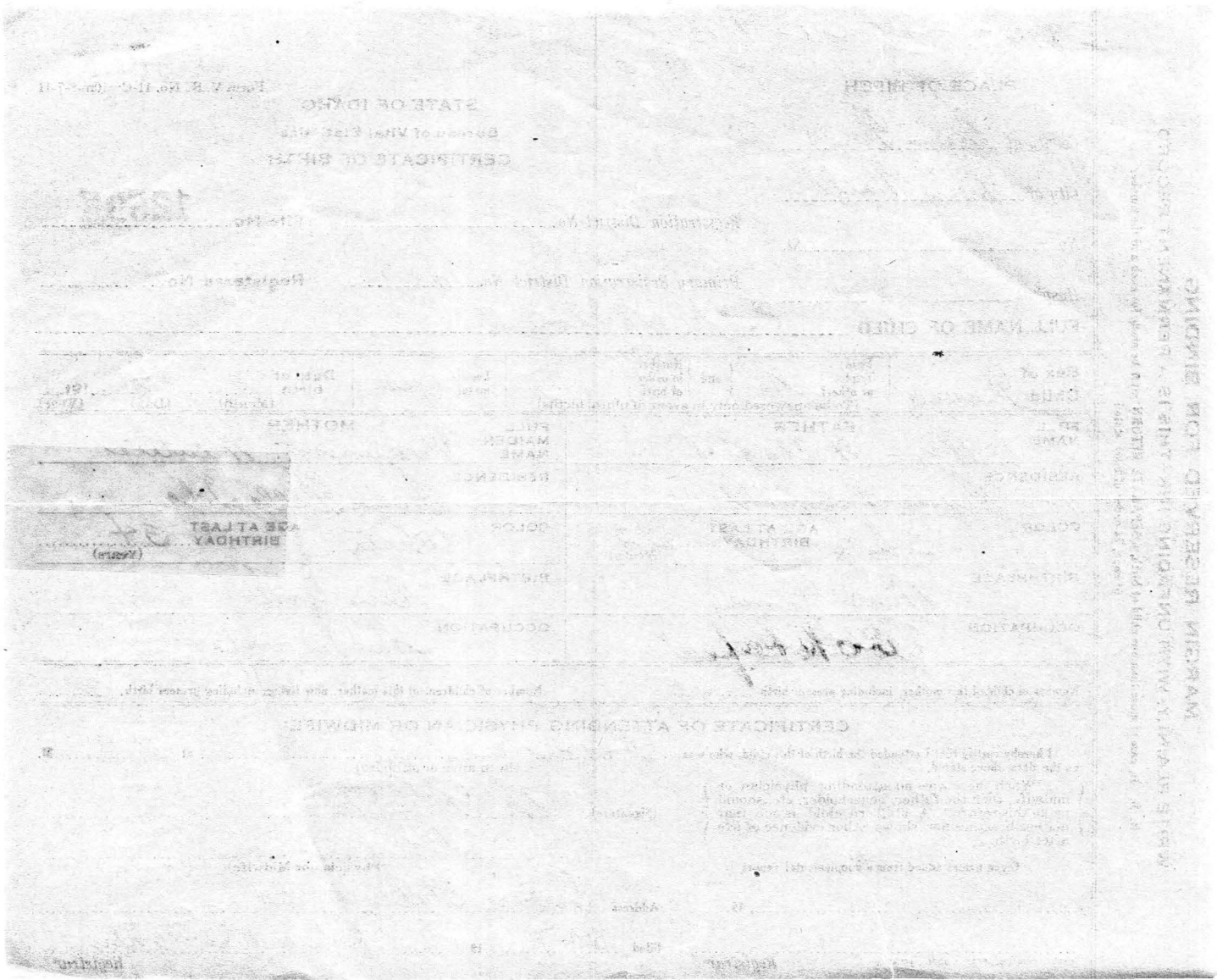
Filed 3-27 19 13 John P. Brighton

Registrar

____

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



499-130-042-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No. 23 File No. 12596

No. ____, ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Nimrod Urie

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Uther Urie	Frances Smith
RESIDENCE	Twin Falls Ida.	Twin Falls Ida
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Colorado	Idaho
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7 30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Pike

Physician

(Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

Filed 3-31 1913 John H. Coughlin

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 12596

State of Idaho } ss.
County of Twin Falls }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Nimrod Urie (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on March 30, 1913 (DATE OF EVENT)
in Twin Falls [redacted] Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by [redacted] (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on March 18 1940 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Nim Rod Urie
[redacted] Nimrod	~~~	Urie

Subscribed and sworn to before me this 4
day of May, 1942

L E Heard J. P.

Notary Public, residing at Justice of Peace Kimberly, Idaho

My commission expires
(SEAL)

Signed Uther V. Urie
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 4
day of May, 1942

L E Heard J.P.

Notary Public, residing at Justice of Peace Kimberly, Idaho

My commission expires
(SEAL)

Signed Joe H Urie
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Kimberley Idaho R2
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 8 1942 By
(REGISTRAR'S SIGNATURE)

FEB 18 1976
FEB 10 1976

MAY 11 1942

466 - 131-042-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. [illegible] 20m-3-15-[illegible]

PLACE OF BIRTH

County of Twin Falls

City of " "

No. 345 6th ave. W St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 12597

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD Edwin F. Dow

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 31 1913

FATHER

FULL NAME Welcome L Dow

RESIDENCE Twin Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 23 (Years)

BIRTHPLACE Illinois

OCCUPATION Prop. Palace Cleaning Co

MOTHER

FULL MAIDEN NAME Helen Moore

RESIDENCE Twin Falls, Idaho

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Illinois

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9.30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. H. Wilson M.D.

Physician (Physician or midwife)

Address Twin Falls, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4-3 19 13 Gilbert Coughlen
Registrar

S-Y CO. 20174

Certified Copy issued Nov. 22, 1940. E.W.

968-103-042-365

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 12598

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Lester Robert Roy

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)	1	Yes	Mar (Month) 3 (Day), 1913 (Year)

FATHER		MOTHER	
FULL NAME	Adolph Roy	FULL MAIDEN NAME	Mary Dumpin
RESIDENCE	T. Falls	RESIDENCE	T. Falls
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Minnesota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 P. M. on the date above stated.

(Signature) J. R. Morgan

(Physician or ~~Midwife~~)

Address Twin Falls

Filed 3-6 19 13 John A. Coughlin Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19_____

_____ Registrar

S-Y CO., 16670

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
DEC 30 1957
Division of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 12598

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Roy (Name on Original Certificate) who born (Was Born or Died) on Mar 3, 1913 (Date of Event)
in Twin Falls (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Baptism certificate (Bible Record, Insurance Policy, Etc.) prepared on April 5, 1913 (Give Date) School Record - Twin Falls, are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Lester Robert Roy

Subscribed and sworn to before me this 12th day of December, 19 57

Notary Public, residing at Twin Falls, Idaho
My commission expires 6-1-59
(Seal)

Signed Archie Guesnell
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1, Kimberly, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of December, 1957

Notary Public, residing at Twin Falls, Idaho
My commission expires 6-1-59
(Seal)

Signed Anna Guesnell
(Signature of Any Credible Person)

Route 1, Kimberly, Idaho
(Street Address, City, State)

FORM DPH 55.155

NN 12-2-57 1 copy paid

JAN 2 1958

113-110-042-269

PLACE OF BIRTH

County of Twin Falls

City of "

No. 774 Terrace Park St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 12599

Primary Registration District No. 2085 Registered No.

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mch. 10 1913

FATHER		MOTHER	
FULL NAME	Otto E. Jacobsen	FULL MAIDEN NAME	Mary Sorensen
RESIDENCE	Twin Falls, Ida.	RESIDENCE	Twin Falls, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 18

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. W. Wilson

Physician (Physician or midwife)

Address Twin Falls, Ida.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 3-15 1913 John H. Coughlen
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

249-118-042-609

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 23

File No. 12600

Primary Registration District No. 2085

Registered No. _____

FULL NAME OF CHILD George Owen Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		1st	yes	Feb. 18th 1913

FATHER		MOTHER	
FULL NAME	Benson G Smith.	FULL MAIDEN NAME	Etta Farrier
RESIDENCE	Twin Falls. Co	RESIDENCE	Twin Falls Co.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	17 (Years)
BIRTHPLACE	New Brunswick	BIRTHPLACE	Weiser Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of children of this mother, including present birth: first

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Duncan L Alexander

Phy Surgeon (Physician or midwife)

Address Twin Falls

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-12 1913 Joliet Douglass Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Minidoka }

Certificate No. 12600

JUN 3 1943

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for George Owen Smith (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on Feb. 18 1913 (DATE OF EVENT)
in Twin Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		George Owen Smith
Date	March 10th	Feb. 18, 1913
(Is this the correct date?)		

Subscribed and sworn to before me this 28th day of May, 19 43

Signed Etta Pearl Fannin Smith mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD: OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD: OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Rupert

My commission expires March 15th 1944
(SEAL)

R.F.D.# 1, Rupert, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Minidoka }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28th day of May, 19 43

Signed George Owen Smith father
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at Rupert, Idaho

My commission expires March 15th 1944
(SEAL)

R. F. D. # 1, Rupert, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 9 1943

814-106-042-693

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 5/22/46 CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

No. ..... St.

Hospital .....

Registration District No. 23 File No. 12601

Primary Registration District No. 2085 Registered No. .....

FULL NAME OF CHILD Paul Edward Yadon
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	and	Yes	3 6 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: Frank E. Yadon	FULL MAIDEN NAME: Harriet Williams
RESIDENCE: Twin Falls, Ida.	RESIDENCE: Twin Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Oklahoma
OCCUPATION: Ranchman	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) W. F. Pike

Physician (Physician or midwife)

Address Twin Falls, Ida.

Filed 3-12 1913 John H. Coughlin Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Twin Falls }

Certificate No. 12601

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Frank Yadon (Name on Original Certificate) who was born (Was Born or Died) on Mar. 6, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible record (Bible Record, Insurance Policy, Etc.) prepared on March, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Frank Yadon	Paul Edward Yadon

Subscribed and sworn to before me this 9th day of May, 19 46

Marian Dunn

Notary Public, residing at Twin Falls, Ida.

My commission expires Jan. 24, 1947

(Seal)

Signed F. B. Yadon

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

R. #2, Kimberly, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Twin Falls }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of May, 19 46

Marian Dunn

Notary Public, residing at Twin Falls, Ida.

My commission expires Jan. 24, 1947

(Seal)

Signed Barnett Yadon

(Signature of Any Credible Person)

R. #2, Kimberly, Idaho

(Street Address, City, State)

MAY 23 1940

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Twin Falls

City of Twin Falls

Registration District No 23 File No. 12601

No ____, ____ St.

Primary Registration District No. 2085 Registered No. ____

Hospital ____

FULL NAME OF CHILD Frank Yadon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	No	and	yes	3 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank E Yadon	Harriet Williams
RESIDENCE	Twin Falls Ida	
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	28
BIRTHPLACE	Missouri	Oklahoma
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) N. G. Pike

Physician (Physician or Midwife)

Address Twin Falls, Ida.

Filed 3-12 1913 John H. Coughlan Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS

N. B. In case of more than one child at birth, a SEPARATE RETURN of each, in order of birth stated

5/28/48

259-204-042-168

SS T20

PLACE OF BIRTH

County of Twin Falls

City of Twin Falls

No ____, ____ St.

Hospital ____

Form V. S. No. 11-[illegible]

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 23 File No 12602

Primary Registration District No 2085 Registered No. ____

FULL NAME OF CHILD Eleanor Bergman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	No	and	Yes	3 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Bergman	Christina Johnson
RESIDENCE	Twin Falls Ida.	Twin Falls Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	27
BIRTHPLACE	Sweden	Sweden
OCCUPATION	Day Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 5 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. G. Pike

Physician (Physician or Midwife)

Address Twin Falls Ida.

Given names added from a supplemental report

....., 19.....

..... Registrar

Filed 3-12 1913 John D. Coughlan Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 22 1948

APR 11 1974

993-130-042-554

PLACE OF BIRTH

County of Twin Falls

City of ____

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C [illegible] 6-30-11

Registration District No. 23

File No. 12603

Primary Registration District No. 2085

Registered No. ____

FULL NAME OF CHILD George David Rich

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			yes	Mar. 30 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David R. Rich	Levina Neuminaker
RESIDENCE	Twin Falls	
COLOR	White	White
AGE AT LAST BIRTHDAY	31 (Years)	27 (Years)
BIRTHPLACE	Iowa.	Nebraska.
OCCUPATION	Farmer	

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive Mar. 30 (Born alive or stillborn) at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Morgan

(Physician or Midwife)

Address Twin Falls.

Given names added from a supplemental report

____, 19____

Filed 4-10 19 13 John L. Laughlin Registrar

____ Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 1 4 1975

618-214-042-259

PLACE OF BIRTH

County of Twin Falls

City of _____

No. _____, _____ St.

Hospital _____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 23 File No. 12604

Primary Registration District No. 2085 Registered No. _____

FULL NAME OF CHILD Esther May Wahllaib

Sex of Child female | Twin, Triplet, or other? | and Number in order of birth | (To be answered only in event of plural births) | Legitimate? yes | Date of birth March (Month) 14 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Harry Wahllaib	FULL MAIDEN NAME: Elsie Kerran
RESIDENCE: Twin Falls	RESIDENCE: Twin Falls
COLOR: white	COLOR: white
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 28 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 6 a. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Charles K. Scott

(Physician or ~~Midwife~~)

Address Twin Falls

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed 3-20 19 13 John H. Coughlan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 7 1969

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12604

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Wahllaib (Female) (Name on Original Certificate) who was born (Was Born or Died) on March 14, 1913 (Date of Event)
in Twin Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record & Affidavit (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed Wahllaib	Esther (May) Wahllaib

Subscribed and sworn to before me this 8th day of March, 1973

Ray T. Crandal

Notary Public, residing at Twin Falls, Idaho

My commission expires 10-29-76

(Seal)

Signed Elsie Wahllaib

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1064 Wendell St. Rt #4 Twin Falls, Ida

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of March, 1973

Ray T. Crandal

Notary Public, residing at Twin Falls, Idaho

My commission expires 10-29-76

(Seal)

Signed Mrs. E. E. Jellison

(Signature of Any Credible Person)

1512 No. Juniper Twin Falls, Ida

(Street Address, City, State)

FORM DH 60-155 CL 3/1/73 lcc pd.

MAR 13 1973

Own childs Hospital birth Certificate - St. Vincents Hospital, Portland, Oregon, Edward Barton Post born March 29, 1941 gives mothers name as Esther May Wahllaib.
Viewed by VS

MAY 18 1976

State High School Certificate , State of Idaho , Boise, Idaho No. 4860 Dept. of Education Sept. 1, 1935 gives name as Esther Wahllaib.
Viewed by VS

Social Security Card, # 569-14-3605 gives name as Esther M. Post.

Viewed by VS

Family Record by family Obviously Old gives name as Esther Wahllaib.
Viewed by VS

141-114-042-689

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 3 File No. 12605

Primary Registration District No. 2084 Registered No. .....

FULL NAME OF CHILD Lowell Adams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		yes	Mch. 14 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Lee A. Adams	FULL MAIDEN NAME Ruth Whittaker
RESIDENCE Kimberly Ida	RESIDENCE Kimberly
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Illinois
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1030 P.M. on the date above stated.

(Signature) H W Wilson M D

Physician (Physician or midwife)

Address Twin Falls Idaho

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-20 1913 John T. Coughlin Registrar

S-Y CO. 20174

SEP 18 1942

515-205-042-359

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 12606

Primary Registration District No. 2084 Registered No. ____

FULL NAME OF CHILD Alice Miles Van Houten

Sex of Child ~~Male~~ Female | Twin, Triplet or other? V | and Number in order of birth 4 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth Mar 5 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Wm Van Houten	FULL MAIDEN NAME	Sarah Glover Terry
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	45 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	New Jersey	BIRTHPLACE	New York
OCCUPATION	Farmer	OCCUPATION	At Home

Number of child of this mother, including present birth four Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John J Whyte

(Physician ~~or midwife~~)

Address Kimberly

Given names added from a supplemental report

....., 19.....

Registrar

Filed 3-10 1913 James P Douglass

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Named from card 4/7/43 Z.J.

APR 7 1943

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 12606

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for Alice Miles Van Houten (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother	none given	Sarah Flower Terry
Sex	male	female

Subscribed and sworn to before me this 27
day of Apr., 1943

Laurence Anstrom
Notary Public, residing at Boise

My commission expires 1/4/47
(Seal)

Signed X W. M. Van Houten
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

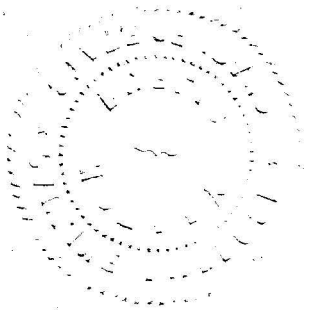
Subscribed and sworn to before me this .....
day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)



APR 2 2 1943

254-112-042-393

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Twin Falls

City of Kimberly

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 12607

Primary Registration District No. 2084 Registered No. ____

FULL NAME OF CHILD Kemp

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	✓	1	Yes	March 12 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Roy Kemp	FULL MAIDEN NAME	Edna Tilly
RESIDENCE	Kimberly	RESIDENCE	Kimberly
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John S White

(Physician ~~or midwife~~)

Address Kimberly

Given names added from a supplemental report

....., 19.....

Filed 3-16 19 13 John H Coughlin Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 19 1974

791-130
042-415

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. [illegible]

PLACE OF BIRTH

County of Twin Falls

City of Rock Creek

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 23 File No. 12608

Primary Registration District No. 2083 Registered No. ____

FULL NAME OF CHILD Champ Conrad Gray

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alex Gray	Olga Daniel
RESIDENCE	Rock Creek Ida.	Rock Creek Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	39	32
BIRTHPLACE	Montana	Mississippi
OCCUPATION	Ranchman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated., at 9:30 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. F. Pike

Physician

(Physician or Midwife)

Address Twin Falls, Ida

Given names added from a supplemental report

....., 19.....

Filed 3-31 1913 John W. Coughlan

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAR 16 1944

556-210-042-792
Amended 12-29-77

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Hansen

Registration District No. 2 3

File No. 12609

No. ____ St.

Primary Registration District No. 2083

Registered No. ____

Hospital ____

FULL NAME OF CHILD Dora Myrtle Newbry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		7	yes	March 10 1913

FATHER		MOTHER	
FULL NAME	Robt Newbry	FULL MAIDEN NAME	Pearlie Gibson
RESIDENCE	Hansen	RESIDENCE	Hansen
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Ind
OCCUPATION	Black Smith	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. O. Boyd M.D. (Physician or midwife)

Address Twin Falls Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-16 19 13 John L Coughlin Registrar

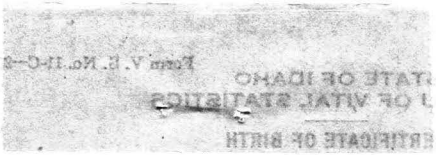
.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



7 28 72

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 29 12 41 PM '77

State of ..... } ss.
County of ..... }

Certificate No. 12609

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Newbery (Name on Original Certificate) who was born (Was Born or Died) on March 10, 1913 (Date of Event)

in Hansen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Newbery	Dora Myrtle Newbry
Fathers name	Robert Newbery	Robert Newbry

Subscribed and sworn to before me this 28 day of December, 19 77

Margaret Louella Berglund

Notary Public, residing at TWIN FALLS, IDAHO

My commission expires 10-29-79

(Seal)

Signed Hope M Lanham

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

243 S Blue Lakes

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of TWIN FALLS }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of December, 19 77

Margaret Louella Berglund

Notary Public, residing at TWIN FALLS, IDAHO

My commission expires 10-29-79

(Seal)

Signed Elaine V. Pugsley

(Signature of Any Credible Person)

243 S Blue Lakes

(Street Address, City, State)

FORM DH 60-155

Family record, obviously old gives name as Dora Myrtle Newbry born March 10, 1913 to Robert and Pearly Gibson Newbry.
Viewed by V.S.

Public School Diploma gives name as Dora Newbry. Graduated May 16, 1928 in Jerome, County, Idaho. Record issued by the Public Shcool system of Jerome, Idaho, Lavella B. Tho-nton, County Supt.
Viewed by v.S.

962-123
042-669 ammended July 31, 1958

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Twin Falls

City of Murtaugh

No. ..... St.

Hospital .....

Registration District No. 23 File No. 12610

Primary Registration District No. 2082. Registered No. .....

FULL NAME OF CHILD Irene Gertrude Rose

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes	3-23 1913

FATHER	MOTHER
FULL NAME John Wm Rose	FULL MAIDEN NAME Lentha Ellen Workman
RESIDENCE Murtaugh	RESIDENCE Murtaugh
COLOR W	AGE AT LAST BIRTHDAY 52 (Years)
COLOR W	AGE AT LAST BIRTHDAY 34 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Nevada
OCCUPATION Rancher	OCCUPATION Hmf

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 3.30 A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H Coughlen

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Twin Falls

Filed 3-23 1913 John H Coughlen Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

child born Feb. 19, 1934
own child's birth certificate #219778, public school ~~record~~ ;
dated July 23, 1958

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Twin Falls } ss.

Certificate No. 12610

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed (Name on Original Certificate) who born (Was Born or Died) on March 23, 1913 (Date of Event)
in Murtaugh, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on March 23, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Irene Gertrude Rose

Subscribed and sworn to before me this 24th day of June, 1958

Tom J. Elwood
Notary Public, residing at Twin Falls Idaho
My commission expires Jan 1 1962
(Seal)

Signed J. L. Rose
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Twin Falls } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of June, 1958

Tom J. Elwood
Notary Public, residing at Twin Falls Idaho
My commission expires Jan 1 1962
(Seal)

Signed J. L. Rose
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DPH 55.155 CL 6-18-58 one copy pd.

AUG 1 1958

634-231
003-391

[redacted] CE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace — Registration District No. 11 — File No. 12611

No. ____ St. — Primary Registration District No. 2048 — Registered No. 87

Hospital ____ Emma

FULL NAME OF CHILD Olund

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 31 1913

FATHER		MOTHER	
FULL NAME	Fred Olund	FULL MAIDEN NAME	Clara Kraus
RESIDENCE	Grace Idaho	RESIDENCE	Grace Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

(Physician or midwife)

Address Grace Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kacey
Registrar

Filed April 10, 1913 Ellis Kacey
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-D66-137

759 - 201-003-433

Amended 7-31-62

(Be sure the information is complete and accurate)

State File No. 12612
Local Reg. No. 89
Reg. Dist. No. 11

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Turner
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Turner
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Effie
b. (Middle):
c. (Last): Perry

4. SEX: Female

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) April (Day) 1, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle):
c. (Last): Perry

8. COLOR OR RACE: White

9. AGE (At time of this birth): 31 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Slaterville, Utah

11a. USUAL OCCUPATION: Farmer

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Ellen
b. (Middle): Elizabeth
c. (Last): McLain

13. COLOR OR RACE: White

14. AGE (At time of this birth): 26 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Fairview, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead? 2
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: Ellen Egbert

18b. ATTENDANT AT BIRTH: M. D. [ ] MIDWIFE [X] OTHER (Specify)

18c. ADDRESS: Turner, Bannock Co., Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: April 10, 1913

20. REGISTRAR'S SIGNATURE: Ellis Kackley

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

in the district where the birth occurred WITHIN 10 days after the date of birth of the
to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, a hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physicia or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this articl with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be n attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in suc case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mun cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Documents listed on back -

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Caribou

Certificate No. 12612

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Effa Perry (Name on Original Certificate) who was born (Was Born or Died) on April 1, 1913 (Date of Event)
in Turner, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Effa Perry	Effie Perry

Subscribed and sworn to before me this 16 day of July, 19 62

Notary Public, residing at Grace Idaho.
My commission expires 9-22-63
(Seal)

Signed William Perry
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16 day of July, 19 62

Notary Public, residing at Grace Idaho.
My commission expires 9-22-63
(Seal)

Signed Wynona S Peterson
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 6-12-62. nm

L.D.S. Church Certificate of Blessing, June 1, 1913 gives full name of child as Effie Perry, daughter of Wm. D. Perry and Ellen Elizabeth McLain, born April 1, 1913 at Turner, Idaho - viewed by V.S.

L.D.S. Church Certificate of Blessing, May 3, 1931 gives full name of child as Ila Arlean Skinner, daughter of Wm. Clarence Skinner and Effie S. Perry, born March 29, 1931 at Conda, Idaho - viewed by V.S.

Idaho Mutual Benefit Association, Family Group Life Policy Application, dated Dec. 7, 1950 gives full name as Effie Skinner, born April 1, 1913 at Turner, Idaho, age at time application was made-37 years old, married, husband's name is given as Wm. C. Skinner - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Bannock

City of Inman

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12612

Primary Registration District No. 2048 Registered No. [redacted]

FULL NAME OF CHILD Effa Perry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 1st, 1913

	FATHER	MOTHER
FULL NAME	William Perry	Ellen Elizabeth McCain
RESIDENCE	Inman	Inman
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Bakersville Utah	Fairview, Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born Alive (Born alive or stillborn) at 5 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaseley
Registrar

S-Y CO., 16670

(Signature) Ellen Egbert

Midwife
(Physician or Midwife)

Address Inman Bannock Co

Filed April 10, 1913 Ellis Kaseley
Registrar

JUL 31 1962

367-213-003-394

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Robin

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12613

Registration District No. 11 File No. .....

Primary Registration District No. 2047 Registered No. 96

FULL NAME OF CHILD Bessie Geneva Capell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	March 13 1913

FATHER		MOTHER	
FULL NAME	Charles W. Capell	FULL MAIDEN NAME	Bessie Crump
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Robin	BIRTHPLACE	Robin
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Emma B. Jensen

Midwife (Physician or midwife)

Address Emma B. Jensen Mays Landing

Given names added from a supplemental report

..... 19.....

Ellis Kaercey Registrar

Filed April 10 1913 Ellis Kaercey Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1959

691-[redacted]-249

[redacted]RTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ririe

No. ..... St.

Registration District No. 13 File No. 12614

Primary Registration District No. 2053 Registered No. 76

Hospital

FULL NAME OF CHILD William Smith Wray

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 31 1913

FATHER		MOTHER	
FULL NAME	Hyrum M Wray	FULL MAIDEN NAME	Stella Smith
RESIDENCE	Blackfoot Idaho #2	RESIDENCE	Blackfoot, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	27
COLOR	White	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn) at 7. A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 8 1913 M. E. Petrie Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 30 1965

869-731-00

PLACE OF

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 714 So. 17th St.

Hospital

Registration District No. 2

File No. 12615

Primary Registration District No. 1004

Registered No. 109

FULL NAME OF CHILD George Solon Horner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	Mar. 31 1913

FATHER

FULL NAME: Solon William Horner

RESIDENCE: Boise

COLOR: White

AGE AT LAST BIRTHDAY: 24 (Years)

BIRTHPLACE: Tenn.

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Turie Ethel Raby

RESIDENCE: Boise

COLOR: white

AGE AT LAST BIRTHDAY: 18 (Years)

BIRTHPLACE: Arkansas

OCCUPATION: Housewife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5 P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

(Signature) Ralph Falk

Physician
(Physician or midwife)

Address Falk Bldg. Boise, Idaho.

Filed 1-2 1913 C. S. McCanel
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child born at a birth, a separate certificate must be made for each and the number of each in order of birth must be stated.

OCT 24 1967

SEP 6 1974

315 - 201-001-381

PLACE OF BIRTH

County of Ada

City of Boise

No. 112 2nd St.

Hospital St. Luke's

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 2

File No. 12616

Primary Registration District No. 1004

Registered No. 110

FULL NAME OF CHILD Mary Elizabeth Lane

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Female			Yes.	April 1, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	James Henry Lane	FULL MAIDEN NAME	Lena Boyd Thatcher
RESIDENCE	112 2nd St.	RESIDENCE	112 2nd St.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Lowville N.Y.	BIRTHPLACE	Ithaca, N.Y.
OCCUPATION	Shepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Wm. F. Smith

(Physician or Midwife)

Address 410 Overland

Filed 4-3 1913 C.S. McConnel

Registrar

Given name added from a supplemental report

....., 19.....

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 2 2 1942

Amended 1-10-57

PLACE OF BIRTH

719-111-001-431

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Registration District No. 2 File No. 12617

Hospital St. Lukes Primary Registration District No. 1004 Registered No. 111

FULL NAME OF CHILD Thomas Willits Painter
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	March 11 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	Samuel Painter	FULL MAIDEN NAME	Margaret McAfee
RESIDENCE	912 Ellis Avenue	RESIDENCE	912 Ellis Avenue
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Pa.	BIRTHPLACE	Pa.
OCCUPATION	Lumberman	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. S. Springer

Physician
(Physician or midwife)

Address Boise, Idaho

Filed 4-3- 1913 C. S. McConnel
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St Lukes

Form V. S. No. 11-C—Rev-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 12617

Primary Registration District No. 1004 Registered No. 111

FULL NAME OF CHILD Thomas Willis Painter

Sex of Child: Male | Twin, Triplet or other? ... and Number in order of birth (To be answered only in event of plural births) | Legitimate? yes | Date of Birth: Mar 11th (Month) (Day) 191 3 (Year)

FATHER	MOTHER
FULL NAME: Samuel Painter	FULL MAIDEN NAME: Margaret McAsee
RESIDENCE: 912 Ellis Ave	RESIDENCE: 912 Ellis Ave
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Pa.	BIRTHPLACE: Pa
OCCUPATION: Lumberman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 4 P M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Sprenger

(Physician or midwife)

Address Boise Ida

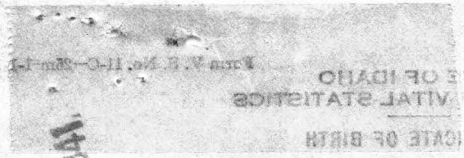
Given names added from a supplemental report.

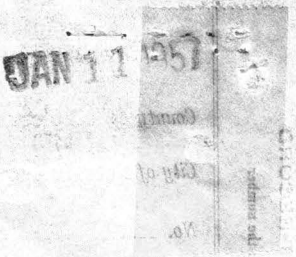
..... 19.....

..... Registrar

Filed 10-9 1913 E. S. McCaw Registrar

8-Y CO. 24655





3381

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Texas } ss.
County of Tarrant }

Certificate No. 12617

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth for Thomas Willis Painter (Name on Original Certificate) who was born (Was Born or Died) on March 11, 1913 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Child's Birth Certificate (Bible Record, Insurance Policy, Etc.) prepared on Texas #49-12741 1-30-49 (Give Date), are: Texas Operators License #2719370

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	ThOmas Willis Painter	Thomas Willits Painter
Mothers Maiden Name	McAsee	McAfee
Date of Filing	4-3-19 3	4-3-1913

Subscribed and sworn to before me this 31st day of December, 1956

Dean Ewart
Notary Public, residing at Tarrant County, Texas
My commission expires June 1, 1957
(Seal)

Signed Thomas Willits Painter
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4508 Norwich Dr., Fort Worth, Texas
(Street Address, City, State)

Mother's Social Security Card #519-16-5075

SUPPORTING AFFIDAVIT OF A SECOND PERSON

12-16-40 Child's Birth Cert. # 343381 May 5, 1942

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

State of Idaho } ss.
County of Ada }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

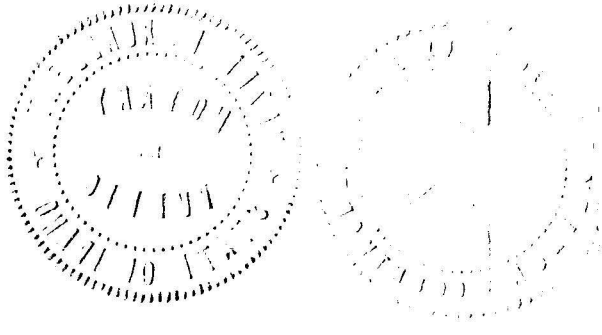
Subscribed and sworn to before me this 10 day of January, 1957

Maxine L. Hurlbert
Notary Public, residing at Eagle, Idaho
My commission expires Sept 28, 1960
(Seal)

Signed Sarah M Painter
(Signature of Any Credible Person)

210 College Blvd. Boise Ida.
(Street Address, City, State)

FORM DPH 55.155



962-203-001-154
Amended 3-17-77

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 12618

No. 1419 North 6th St.

Primary Registration District No. 1004

Registered No. 112

Hospital

FULL NAME OF CHILD Hilyn Margaret Robinette

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 3, 1953

FATHER		MOTHER	
FULL NAME	Dalyn M Robinette	FULL MAIDEN NAME	Agnes Maderazo
RESIDENCE	1419 North 6th St	RESIDENCE	1419 North 6th St
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Mo.	BIRTHPLACE	Mina
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward J Bina MD

Physician (Physician or Midwife)

Address 208 Sonna Bldg Boise

Given names added from a supplemental report

....., 19.....

Filed 4-8 19 53 C. McConnell

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 26 1955

2/14/77

RECEIVED
BUREAU OF VITAL STATISTICS
MAR 3 12 08 PM '77

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12618

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Helen Margaret Robinette (Name on Original Certificate) who was born (Was Born or Died) on April 3, 1913 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Helen	Helyn

Subscribed and sworn to before me this 18th day of February, 19 77

Mary Gordon Graham

Notary Public, residing at Vale, Oregon

My commission expires March 6, 1978

(Seal)

Signed Helyn Margaret Robinette
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of February, 19 77

Margaret S. Barbee

Notary Public, residing at Boise, Idaho

My commission expires 1-15-80

(Seal)

Signed Wilma Chester
(Signature of Any Credible Person)

918 N. 8th Street, Boise, Idaho 83702
(Street Address, City, State)

FORM DH 60-155

High School Record issued by Gerald F. Cammann, Supt.-Clerk of the Vale Union High School Dist. U-3, Vale, Oregon, gives name as Helyn M. Robinette. Recorded dated Sept. 6, 1927, age 14 born Boise, Idaho.
Viewed by V.S.

Insurance policy issued March 23, 1938 by the Mutual Life Ins. Co. of New York, gives name as Helyn M. Robinette Shurtliff born in Boise, Idaho on April 13, 1913
Viewed by V.S.

662-127
001-239

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 618 So 10th St.

Hospital

Registration District No. 2 File No. 12619

Primary Registration District No. 1004 Registered No. 113

FULL NAME OF CHILD Woodrow Wilson Foster

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	March 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Abraham L. Foster	Lilly Alice Kling
RESIDENCE	618 So 10th Boise, Idaho	Boise, Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	48	40
BIRTHPLACE	New York	Indiana
OCCUPATION	Painter Paper Hanger	wife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W W Fallmer

Phys (Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed 4-1 19 13 C S McConnell Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

855-107-001-562

PLACE OF BIRTH

Form V. S. No. 11—10m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ....., ... St.

Hospital St Alphonsus

Registration District No. 2 File No. 12620

Primary Registration District No. 1004 Registered No. 114

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
male	/	/	yes	April 7, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Christian Henkel	FULL MAIDEN NAME: Alma Voss
RESIDENCE: Boise Idaho	RESIDENCE: Boise Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 32 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Germany	BIRTHPLACE: Montana
OCCUPATION: Piano Agent	OCCUPATION: House wife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on April 7th 1913, at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. P. McCalla

(Physician ~~or Midwife~~)

Address Boise Idaho

Filed 4-11 1913 Ed McConnell Registrar

Given name added from a supplemental report

....., 19.....

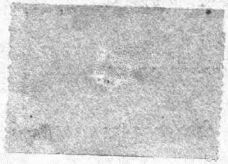
..... Registrar

S-Y CO., 16669

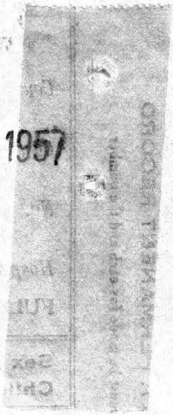
MARGIN RESERVED FOR BINDING

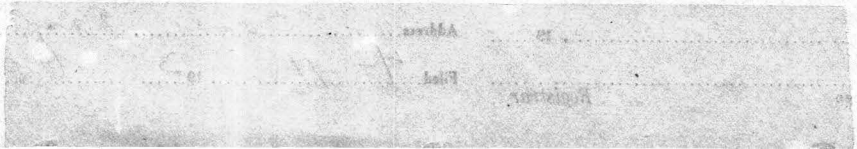
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated



APR 2 1957





545-213-001-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1715 N 9 St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 12621

Registered No. 115

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			L.	May 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. R. Emerson	Effie Bates
RESIDENCE	1715 N 9.	1715 N 9
COLOR	W	W.
AGE AT LAST BIRTHDAY (Years)	39	20
BIRTHPLACE	Mo.	Ore.
OCCUPATION	Farmer.	H. W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE*~~

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Bouck

(Physician or ~~Midwife~~)

Address Boise Idaho

Filed 1/14 1913 Edith M Conrad

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

412-116-001-445

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—~~40m-8-15-12~~

PLACE OF BIRTH

County of Ada

City of Boise

No. 716 Mc Kinley St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 12622

Primary Registration District No. 1004 Registered No. 116

FULL NAME OF CHILD WILLIAM CARROLL DICKSON

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		L.	Mar 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James C Mable	Myrtle Murphy
RESIDENCE	716 Mc Kinley	716 Mc Kinley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Colo.	Tenn
OCCUPATION	Foreman	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR ~~MIDWIFE~~*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~still-born~~), at 5 a. M. on the date above stated.

(Signature) John Bouck

(Physician or ~~midwife~~)

Address Boise Ida

Filed 4-14 1913 C. E. McConnel

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Registrar

S-Y CO. 20174

MAR 9 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Solano } ss.

Certificate No. 12622

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for male Mable (Name on Original Certificate) who was born (Was Born or Died) on March 10th, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	William Carroll Mable

Subscribed and sworn to before me this 28th day of February, 1942

Notary Public, residing at Vallejo, California

My commission expires My Commission Expires May 21, 1945 (Seal)

Signed William C. Dickson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record, or other credible person.)

C.H.S. Vallejo Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Solano } ss.

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

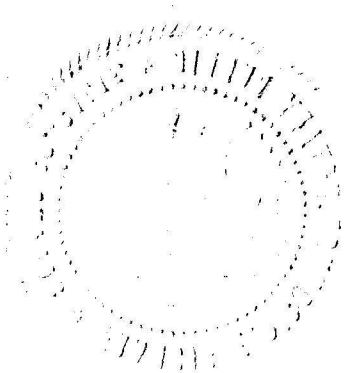
Subscribed and sworn to before me this 28th day of February, 1942

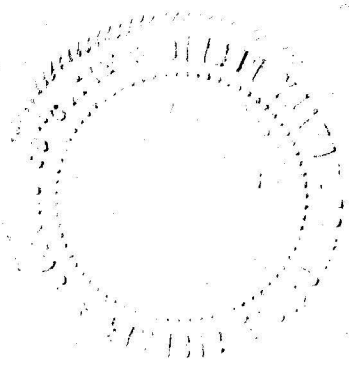
Notary Public, residing at Vallejo, Calif

My commission expires My Commission Expires May 21, 1945 (Seal)

Signed Forrest M. Curlee
(Signature of Any Credible Person Other Than Previous Year)

1112 Dwight Way, Berkeley Calif
(Street Address, City, State)





Amended 6-6-58

PLACE OF BIRTH

313-223-001-249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1143 River St. | Registration District No. 2 | File No. 12623

Hospital | Primary Registration District No. 1004 | Registered No. 117

FULL NAME OF CHILD Marian Jewell Caldwell
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
F.			L.	March 23, 1913

What bactericidal solution was used in eyes?

Number of child of this mother, including present birth 3 | Number of children of this mother now living, including present birth 2

FATHER	MOTHER
FULL NAME: George Fields Caldwell	FULL MAIDEN NAME: Etha J. Smith
RESIDENCE: 1143 River	RESIDENCE: 1143 River
COLOR: W.	COLOR: W.
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Tenn.	BIRTHPLACE: Mo.
OCCUPATION: Plumber	OCCUPATION: H.W.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) John Boeck

Physician
(Physician or midwife)

Address Boise, Ida.

Filed 4/14/13 C.S. McConnell Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 1143 Bissell St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 12623

Primary Registration District No. 1004 Registered No. 117

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f.			L.	Mar. 23. 1913.

FATHER		MOTHER	
FULL NAME	Fred J. Caldwell	FULL MAIDEN NAME	Etta Smith
RESIDENCE	1143 River	RESIDENCE	1143 River
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mo
OCCUPATION	Plumber	OCCUPATION	H. W.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN

I hereby certify that I attended the birth of this child, who was (Born alive) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ellen Boucek

(Physician)

Address Boise Ida

Given names added from a supplemental report

..... 19.....

Filed Apr 14 19 13 C. H. McConnell

Registrar

..... Registrar

8-Y CO. 20174

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12623

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Caldwell (Name on Original Certificate) who was born (Was Born or Died) on March 23, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Baptism-Baptized May 22, 1925 prepared on Another child's birth certificate #75502. viewed by vs. (Give Date) (Bible Record, Insurance Policy, Etc.), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed Caldwell	Marian Jewell Caldwell
Father's Name	Field J. Caldwell	George Fields Caldwell
Mother's Name	Etta Smith	Etha J. Smith

Subscribed and sworn to before me this 5th day of June, 1955

Notary Public, residing at Boise, Ida.
My commission expires 12-10-58.
(Seal)

Signed Etha J. Cullison
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2704 Woodlawn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of June, 1955

Notary Public, residing at Boise, Ida.
My commission expires 12-10-58.
(Seal)

Signed Lula Williams
(Signature of Any Credible Person)

2704 Woodlawn
(Street Address, City, State)

FORM DPH 55. 155

432-123
001-267
PLACE OF BIRTH

Form V. S. No. 10-C-20m-8-1942

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

County of Ada

City of Boise

No. 1720 Wash St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 12624

Registered No. 118

FULL NAME OF CHILD Herman Clyde McBirney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			L	Mar 23 1917

FATHER		MOTHER	
FULL NAME	Herman C McBirney	FULL MAIDEN NAME	Mable Swank
RESIDENCE	1720 Wash.	RESIDENCE	1720 Wash.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ida	BIRTHPLACE	Kansas
OCCUPATION	Clerk	OCCUPATION	H. W.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN ~~OR MIDWIFE~~

I hereby certify that I attended the birth of this child, who was (Born alive or ~~Stillborn~~) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John Brooks

(Physician ~~or Midwife~~)

Address Boise Ida

Given names added from a supplemental report

19

Registrar

Filed 4/19 19 2 E. L. McAuliffe

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 15 1944

APR 10 1953

DEC 2 1944

789-103-001-334

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Ada

City of Boise

No. 422 Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 12625

Primary Registration District No. 1004 Registered No. 119

FULL NAME OF CHILD George Arthur Phillips

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth. (Month) (Day) (Year)
M	—	—	L	April 3 1913

FATHER		MOTHER	
FULL NAME	Jerome Phillips	FULL MAIDEN NAME	Bessie E. Cutler
RESIDENCE	Boise Ida	RESIDENCE	Boise Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Colo	BIRTHPLACE	England
OCCUPATION	Engineer	OCCUPATION	H. W.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 4:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Ayn Bouck

Boise Ida (Physician or midwife)

Given names added from a supplemental report

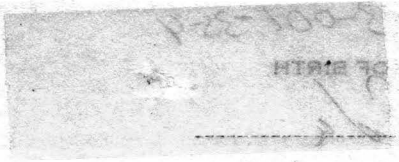
.....19.....

.....
Registrar

Address .....

Filed 4/14 19 2 Carl M. Ernest
Registrar

S-Y CO. 20174



557-231-001-318

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 12

File No. 12626

No. ____ St.

Primary Registration District No. 1024

Registered No. 120

Hospital St Alphonsus

FULL NAME OF CHILD Evelyn Thelma Eagle

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order, of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	3 / 31 / 19 3

FATHER		MOTHER	
FULL NAME	Ray A Eagle	FULL MAIDEN NAME	Mamie Taylor
RESIDENCE	Boise Idaho	RESIDENCE	Boise Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	U.S.	BIRTHPLACE	Colo
OCCUPATION	Laborer	OCCUPATION	Cook

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn), at 9 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr Addison Caldwell

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-16-193 C S McConnell

Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

318-111-001-415

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12627

County of Ada

City of Boise Registration District No. 2

No. 215 Warm Spgs Primary Registration District No. 1004 Registered No. 121

Hospital

FULL NAME OF CHILD Thomas Davis Taylor

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	4 11 1913

FATHER		MOTHER	
FULL NAME	Rowland C. Taylor	FULL MAIDEN NAME	Hazel Davis
RESIDENCE	215 Warm Spgs. Ave.	RESIDENCE	215 Warm Spgs.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Ohio	BIRTHPLACE	Idaho
OCCUPATION	Attorney	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. James S. Stewart (Physician or Midwife)

Address 410 Overland Bldg

Given name added from a supplemental report

4-15-1913 Registrar

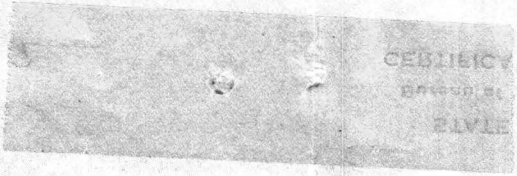
Filed 4-16-1913 C S McConnell Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



Amended 10/5/71

769-118-001-239

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No 7715 Dewey St.

Registration District No 2 File No. 12628

Primary Registration District No. 1004 Registered No. 22

Hospital

FULL NAME OF CHILD Virgil Stiener Porter

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	May 18, 1913

FATHER	MOTHER
FULL NAME William Porter	FULL MAIDEN NAME Stiener (Lilly)
RESIDENCE 7715 Dewey	RESIDENCE 7715 Dewey
COLOR Light AGE AT LAST BIRTHDAY 33 (Years)	COLOR Light AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Centerville Utah	BIRTHPLACE Logan Utah
OCCUPATION Laborer	OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 11:30 a.m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. H. Handy

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 4/18 19 C. S. McConnell

Registrar

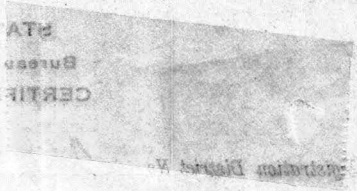
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
SEP 27 1971
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 12628

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Virgil Porter (Name on Original Certificate) who was born (Was Born or Died) on Mar. 18, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Virgil Porter	Virgil Stiener Porter

Subscribed and sworn to before me this 22nd day of Sept, 19 71

Florence Cartright

Notary Public, residing at Boise

My commission expires 4-20-71

(Seal)

Signed Orvilla B. Hardman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 9-24-64. one copy pd. rec. #4715.

Insurance policy #538593 California-Western States Life Ins. Co. of Sacramento. California issued November 28, 1944 gives name as Virgil S. Porter born in Idaho to Lillie Porter and William L. Porter on March 18, 1913.===Viewed by VS.

OCT 5 1971

Social Security Card No. 528-14-8720 gives name as Virgil Stiener Porter. Dated 9-11-37. Viewed by V. S.

366-210-001-367

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 617, Washington St.

Registration District No. 2 File No. 12629

Primary Registration District No. 1904 Registered No. 128

Hospital

FULL NAME OF CHILD Jennie Berdine Rooney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 10, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Norman Rooney	Kate Bop
RESIDENCE	Salt Lake City	617 Washington
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	27
BIRTHPLACE	Denver Colo	Huntington W. Va.
OCCUPATION	Carpenter	House Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 2.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. K. Landy

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Filed 4-18 19..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MAY 5 1964

451-214-00.1-345

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-6-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 12630

No. Broadway Sanitorium

Primary Registration District No. 1004

Registered No. 124

Hospital

FULL NAME OF CHILD Julia Teresa Means

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F				Yes	4 14 1913

FATHER		MOTHER	
FULL NAME	Sol W Means	FULL MAIDEN NAME	Kate Gregoire
RESIDENCE	Boise, Idaho	RESIDENCE	Boise, Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Quincy, Ills	BIRTHPLACE	Jackson County - Iowa
OCCUPATION	Lab	OCCUPATION	wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7:15 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W H Tallman M D

(Physician or midwife)

Address Boise, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4-18 19 13 Lil. Hill Deputy
Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Ada

Certificate No. 12699

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)

for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)

in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Julia Teresa Means

Subscribed and sworn to before me this 9th day of September, 19 42

Marion E. Ogg

Notary Public, residing at Boise, Idaho

My commission expires 6-24-45

(SEAL)

Signed J. Catherine Means Bronstad

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this

day of , 19

Notary Public, residing at

My commission expires

(SEAL)

Signed

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

(STREET ADDRESS, CITY, STATE)

Received for filing on By

(REGISTRAR'S SIGNATURE)

SEP 8 1942

231-216-001-969

PLACE OF BIRTH

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 1313 N. 5th St.

Hospital

Registration District No. 2

Primary Registration District No. 1004

File No. 12631

Registered No. 125

FULL NAME OF CHILD Margurite Slater

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	April 16 (Month) (Day) 193 (Year)

FATHER		MOTHER	
FULL NAME	Albert Slater	FULL MAIDEN NAME	Stella Gertrude Roice
RESIDENCE	1313 N. 5th	RESIDENCE	1313 N. 5th St.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Michign	BIRTHPLACE	Idaho
OCCUPATION	Mail carrier	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2:15A. M on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [signature]

Physician
(Physician or midwife)

Address Falk Bldg.

Given names added from a supplemental report.

..... 19....

Filed 4-17 19 3 [signature]

Registrar

S-Y CO. 24655

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 27 1962

OCT 5 1971

DECEASED

466-111-001-954

PLACE OF BIRTH

County of Ada

City of Boise

No. ____ St.

Hospital St. Lukes

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 2 File No. 12632

Primary Registration District No. 1004 Registered No. 126

FULL NAME OF CHILD Donald Edward Moore

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Male	(To be answered only in event of plural births)		yes	Apr. (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Duncan C Moore	FULL MAIDEN NAME	Nina Helen Redmond
RESIDENCE	Neal Road Boise	RESIDENCE	Neal Road Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	S Carolina	BIRTHPLACE	Iowa
OCCUPATION	Morse Operator	OCCUPATION	Housemgr

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1-15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Edward L Rivers M.D.

Physician (Physician or Midwife)

Address 708 Idaho Bldg Boise

Given names added from a supplemental report

....., 19.....

Filed 4-21 1913 C S McConnell

Registrar

Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, in order of birth stated

MAY 7 19[illegible]

JAN 28 1957

24th W. 09th - 414

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No 2005, No 9 St.

Hospital

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 7

File No. 12633

Primary Registration District No. 1004

Registered No. 177

FULL NAME OF CHILD ~~Earlywood~~ Henry Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		3	yes	4 11 1913

FATHER

FULL NAME Henry Smith

RESIDENCE 2004 No 9 - Boise

COLOR W AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Salt Lake, Utah

OCCUPATION Contractor

MOTHER

FULL MAIDEN NAME Mary Madison

RESIDENCE 2004 North 9th Boise

COLOR W AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE ~~Salt Lake~~ Manta Utah

OCCUPATION H. W.

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

(Signature) W. S. Peters

(Physician or Midwife)

Address

Filed 4-21 19 2 C. W. Reynolds

Registrar

SYMS - YORK CO., PTRS. & BORS. 17826

Registrar

SEP 9 1960

3/19/41 L. B.

213-18-001-356

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 315 So 16th St.

Registration District No. 2 File No. 12634

Primary Registration District No. 1004 Registered No. 128

Hospital

FULL NAME OF CHILD Albert Lloyd Ballinger

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M				Yes	4 18 1913

FATHER		MOTHER	
FULL NAME	Fred Ballinger	FULL MAIDEN NAME	Mary Leonard
RESIDENCE	Boise, Idaho	RESIDENCE	Boise - Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Iowa	BIRTHPLACE	Texas
OCCUPATION	Lab	OCCUPATION	Home wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 6:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. Ballinger

Phys & Surg (Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4-23 1913 C. S. McConnell
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-14-41

DEC 11 1972

316 - 216-001-863

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Ada

City of Boise

No 608 - Jeff St.

Hospital

Form V. S. No. 11-C-~~Idaho 9-1-11~~

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 2

File No. 12635

Primary Registration District No ~~1 11~~

Registered No. 1189

FULL NAME OF CHILD Rick Merrill Sanders

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
F		2	yes	4 16

FATHER		MOTHER	
FULL NAME	James W. Sanders	FULL MAIDEN NAME	Mary Hollenbeck
RESIDENCE	608 Jeff - Boise	RESIDENCE	608 Jeff Boise
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Wyo	BIRTHPLACE	Michigan
OCCUPATION	Farmer	OCCUPATION	H.W.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C S Sutton

(Physician or Midwife)

Address Boise

Given names added from a supplemental report

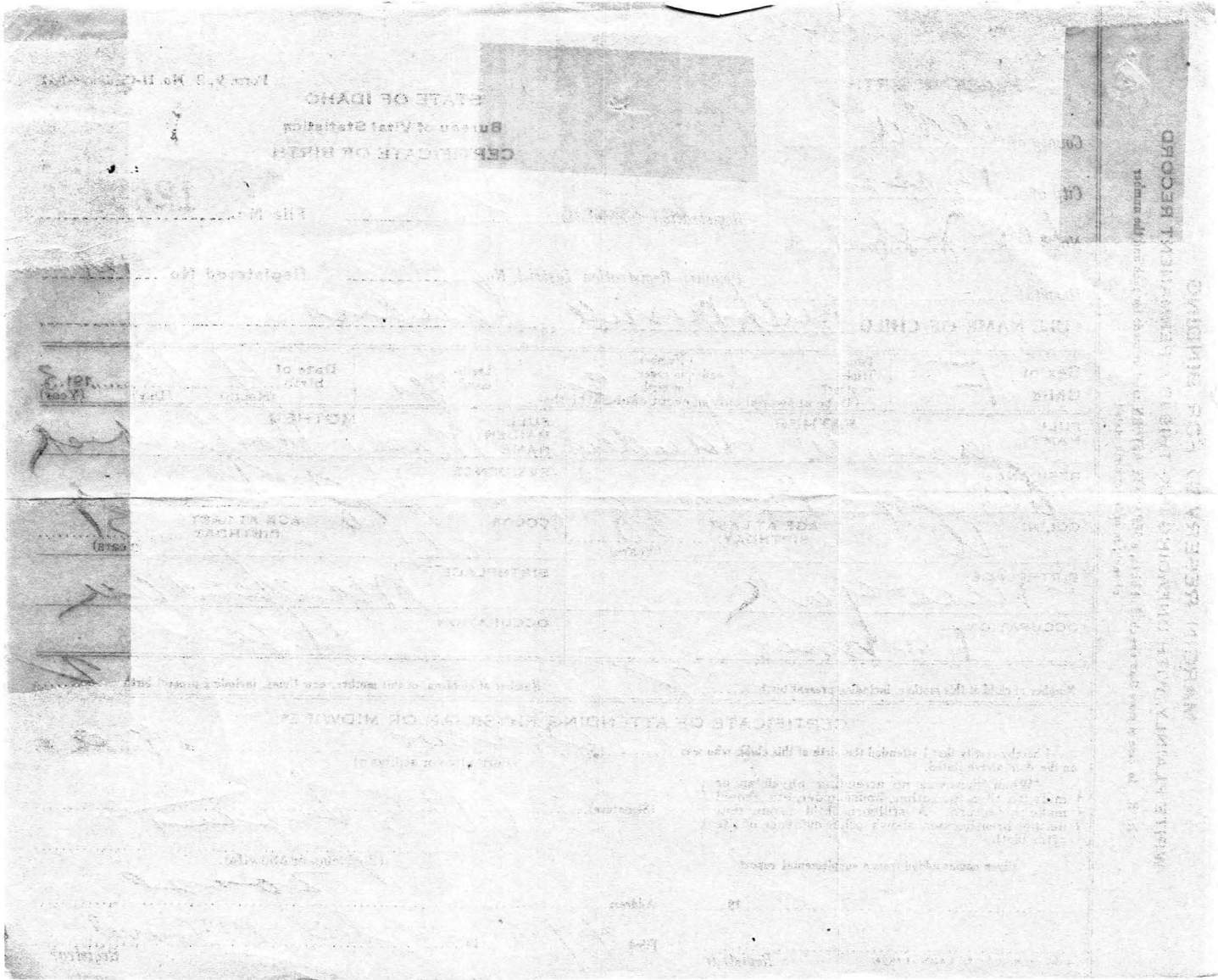
....., 19.....

Registrar

Filed 4/25 1913 C. S. McConnell

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



669-122-001-314

PLACE OF BIRTH

STATE OF IDA[illegible]
BUREAU OF VITAL S[illegible]

CERTIFICATE OF BIRTH

12636

County of Ada

City of Boise

Registration District No. 2

File No.

No. 1914 N. 12th St.

Primary Registration District No. 10-4

Registered No. 130

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			Yes.	Apr. 22 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William J. Ford	Nancy Campbell
RESIDENCE	Boise	Boise
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	34
BIRTHPLACE	Virginia	Virginia
OCCUPATION	Painter	Wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born living (Born alive or stillborn), at 5 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. H. Sallaway

R. Shipsbury (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

.....19.....

Filed 4-25 1913 C. S. McConnel Registrar

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 11-C-20m-5-15-12

STATE OF IDAHO

VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

314 - 224 - 001 - 444

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Ada

City of Boise

Registration District No. 2

File No. 12637

No. ____ St.

Primary Registration District No. 1004

Registered No. 131

Hospital St Alphonsus

FULL NAME OF CHILD Phyllis Elizabeth LaMoyne

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes.	Apr. 24 1913

FATHER		MOTHER	
FULL NAME	Chas. J. LaMoyne	FULL MAIDEN NAME	Charlotte Mundorf
RESIDENCE	Boise Ida.	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ills.	BIRTHPLACE	California
OCCUPATION	Actor	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. T. Fallman

Rep. Surg.

(Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4-26 1913

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 8 1965

APR 1 3 1973

362 -218-001-343

Form V. S. No. 11-C—Rev-1-1-10

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ADA

City of Boise

No. 807 Grove *St.*

Hospital

Registration District No. 2 **File No.** 12638

Primary Registration District No. 1004 **Registered No.** 132

FULL NAME OF CHILD Nieves Maria Coscorrosa

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 18 1913

FATHER		MOTHER	
FULL NAME	Alejo Coscorrosa	FULL MAIDEN NAME	Juana Iuchauti
RESIDENCE	Boise	RESIDENCE	Boise
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Camp tender	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9:30 P.M on the date above stated.

(Signature) Ralph Tall

Physician (Physician or midwife)

Address

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report.

.....19.....

.....
Registrar

Filed 4-29-19.3. Estelle McConnell
Registrar

S-Y CO. 24655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PERMANENT RECORD

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF VITAL STATISTICS
JAN 20 11 AM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Ada }

Certificate No. 12638

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Coscorrosa (female) (Name on Original Certificate) who was born (Was Born or Died) on April 18, 1913 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Nieves Maria Coscorrosa

Subscribed and sworn to before me this 2d s.t day of January 19 75

Notary Public, residing at Meridian Idaho
My commission expires Sept 12 1976
(Seal)

Signed Nieves Maria Coscorrosa
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of Ada. }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of January 19 75

Notary Public, residing at Meridian, Ida.
My commission expires 9-12-76
(Seal)

Signed Flora Berrojalbiz
(Signature of Any Credible Person)

2430 Cherry Lane Boise Idaho
(Street Address, City, State)

FORM DH 60-155 CL 1/2/75 ret'd $1 bill

The Holy Sacrament of Baptism from St. John the Evangelist Church gives name as Maria Nieves Coscorroza. daugher of Alejo Coscorroza and Juana Inchausti. born April 18, 1913. Baptized July 16, 1913. viewed by V. S.

JAN 3 0 1975

Marriage certif. from Idaho (couple's copy) gives names as Juan Urizar and Nieves Marie Goicoechea (Maiden name given as Coscorrusa.) dated Aug. 20, 1952. Viewed by V. S.

645-228-001-85

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No ....., ... St.

Hospital .....

Registration District No. N

File No. 12639

Primary Registration District No. 1004

Registered No. 133

FULL NAME OF CHILD Odell, Hazel Gertrude

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem.		6	Yes	4-28-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	R. E Odell	S E Rees
RESIDENCE	Boise Ida	Boise Ida
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	34	26
BIRTHPLACE	Ohio	Kansas
OCCUPATION	Cook	Housekeeper

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at 7 P. M. on the date above stated.

(Signature) J. E. Broom

(Physician or Midwife)

Address .....

Filed 4/29 1913 L. M. McCann Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 29 1950

291-117-001-213.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital St. Alphonsus

Form V. S. No. 11-C—25m-1-1-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 File No. 12640

Primary Registration District No. 1004 Registered No. 134

FULL NAME OF CHILD Kenneth Brashears

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.			yes.	Mar. 17 19

FATHER		MOTHER	
FULL NAME	Thomas C. Brashears	FULL MAIDEN NAME	Ada Batdorf
RESIDENCE	Ola, Ida	RESIDENCE	
COLOR	W	COLOR	W.
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Kansas.
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 1.05 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. B. Springer

(Physician or midwife)

Given names added from a supplemental report.

..... 19.... Registrar

Address .....

Filed 4/25 19.. [illegible] Registrar

S-Y CO. 24655

DEC 8 1976

769-224-001-249

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Ada

City of Boise

No. 2 ... St.

Registration District No. 2

File No. 12641

Primary Registration District No. 1004

Registered No. 135

Hospital St. Lukes

FULL NAME OF CHILD Ruth Gordon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes.	April 24, 1913

FATHER		MOTHER	
FULL NAME	Wm M. Gordon	FULL MAIDEN NAME	Rose Smithdrauer
RESIDENCE	205 N 14th.	RESIDENCE	205 N 14th
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Texas.	BIRTHPLACE	Minn.
OCCUPATION	Bartender	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6—1.50 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

(Signature) W. N. Jukey

Physician

(Physician or Midwife)

Address Boise

Filed 4/29 19 15 E. L. McConnell

Registrar

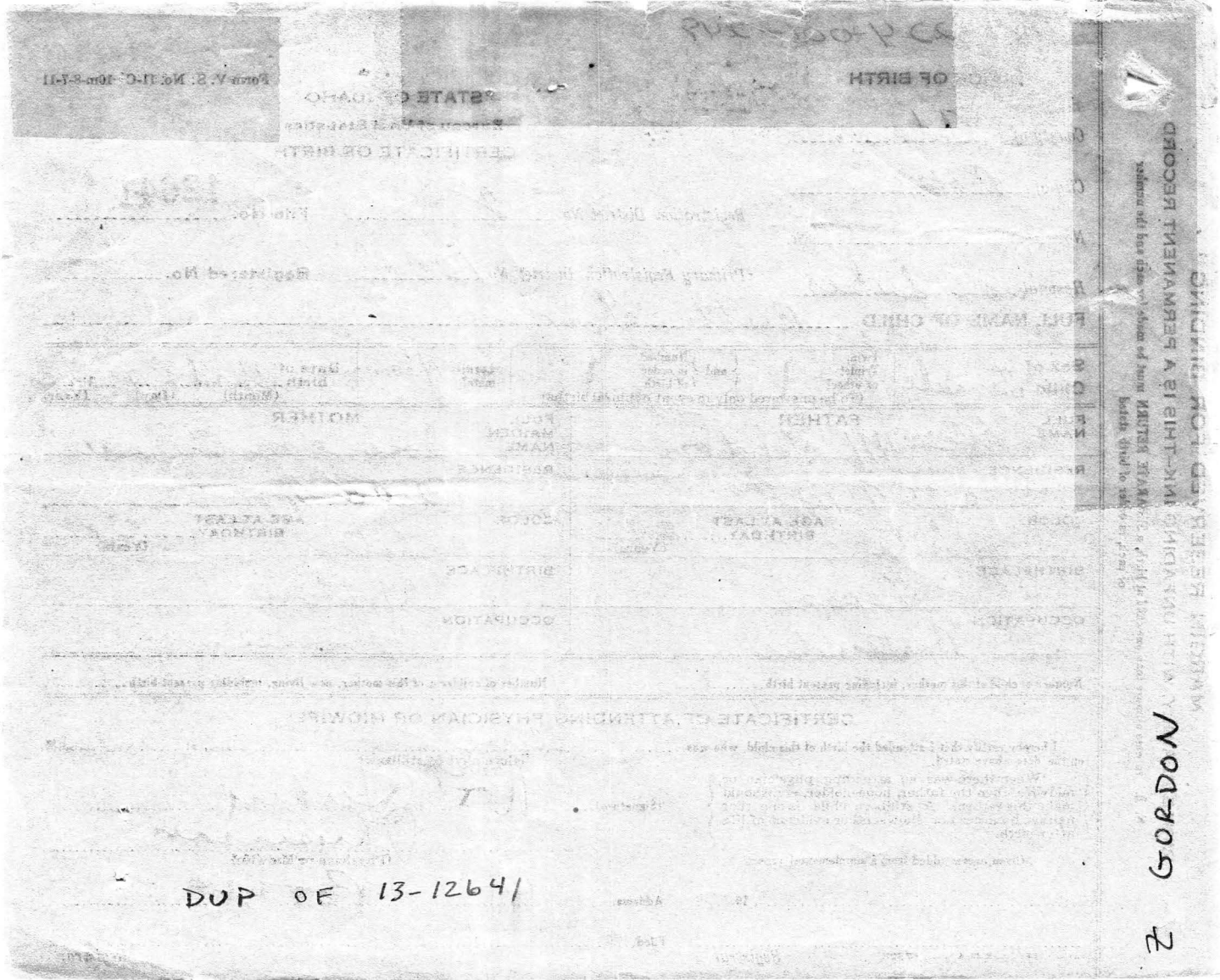
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



DUP OF 13-1264/

Z GORDON

632-233
632-236

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Rigby — Registration District No. 9 — File No. 12642

No. ____ St. — Primary Registration District No. 2040 — Registered No. 208

Hospital ____

FULL NAME OF CHILD Erma Matilda Olsen

Sex of Child	Twin, Triplet or other? (To be answered only in case of plural births)	Legitimate?	Date of Birth
Female		Yes	Apr. 23 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Henry Olsen	FULL MAIDEN NAME	Florence Lundquist
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher (Physician or midwife)

Address Rigby, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 15, 1913. Ray H. Fisher
Registrar
Per B.W.B.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

[redacted]

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED BUREAU VITAL STAT

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss. OCT 25 11 22 AM '73

Certificate No. 12642

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Olson (female) (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1913 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Erma Matilda Olsen
father's last name	Olson	Olsen

Subscribed and sworn to before me this 30 day of August, 1973

Notary Public, residing at Minan

My commission expires May 26 1977

(Seal)

Signed Estella L Robbins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

3140 N. Holmes Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

Notary Public, residing at.....

My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 8/2/73 1 Cpy

Certificate of Blessing from LDS Church gives name as Erma Matilda Olsen daughter of Henry Olsen and Florence Lundgren. Born April 23, 1913. Was Blessed July 6, 1913. Viewed by V. S.

OCT 30 1973

Certificate of Baptism and Confirmation from the LDS Church gives name as Erma M. Olsen daughter of Henry Olsen and Florence Lundquist. Born April 23, 1933. Was Baptized Aug. 6, 1921. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1c PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Annis

Registration District No. 9

File No. 126

No. ____ St.

Primary Registration District No. 20 70

Registered No. ____

Hospital ____

FULL NAME OF CHILD Noma Ellen Geisler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female			Yes	May 7

FATHER		MOTHER	
FULL NAME	Peter Geisler	FULL MAIDEN NAME	Ellen E. Lindsley
RESIDENCE	Annis	RESIDENCE	Annis
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah.	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive ~~or stillborn~~), at ____ on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician ~~or midwife~~)

Address Rigby, Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 10, 1913. Ray H. Fisher, Registrar

Per B. W. G.

.....
Registrar

S-Y CO. 20174

K

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-3-15-12

City of

Registration District No. File No.

No. S.

Primary Registration District No. Registered No.

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or Other?	Number in order of birth	Legal Color	Date of Birth
	(To be answered only in event of plural births)			
FULL NAME	FATHER		FULL MAIDEN NAME	MOTHER
RESIDENCE			RESIDENCE	
COLOR	AGE AT LAST BIRTHDAY (Years)		COLOR	AGE AT LAST BIRTHDAY
BIRTHPLACE			BIRTHPLACE	
OCCUPATION			OCCUPATION	

Number of child of this mother, including present birth. Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at M. on the date above stated.

(Signature) (Post Office Address)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Given names added from a supplemental report)

(Physician or midwife)

By Address

Filed 19

Registrar

8-Y CO. 20M-9

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

M. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number in order of birth stated.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 7, 1921 gives full name as Noma Ellen Geisler, daughter of Peter R. Geisler and Ellen Lindsay, born May 7, 1913 at Annis, Idaho - viewed by V.S. and Own Child's Birth Cert. on file: (Idaho Birth) #195665 gives full maiden name of mother as Noma Ellen Geisler - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of Jefferson } ss.

Certificate No. 12643

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Geisler (female child) (Name on Original Certificate) who was born (Was Born or Died) on May 7, 1913 (Date of Event)
in Annis, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Blessing Certificate (Bible Record, Insurance Policy, Etc.) prepared on July 6, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Noma Ellen Geisler

Subscribed and sworn to before me this 5th day of September, 1961

Notary Public, residing at Rigby Idaho
My commission expires 4-19-63
(Seal)

Signed Peter R Geisler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lorenzo (P.O.), Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of September, 1961

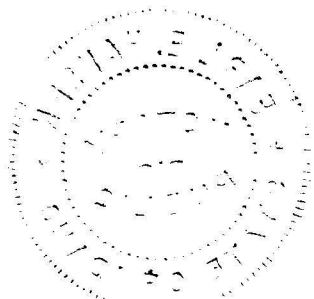
Notary Public, residing at Rigby Idaho
My commission expires 11-19-64
(Seal)

Signed Thomas J Geisler
(Signature of Any Credible Person)

Rigby Idaho
(Street Address, City, State)

FORM DN 60-155 CL 8-16-61. one copy pd. receipt #19865.

SEP 13 1961



533-108-02-2-469

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Annis

No. ____ St.

Hospital ____

Registration District No. 9 File No. 12644

Primary Registration District No. 2040 Registered No. 238

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	(	(	Yes.	May 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Ellis.	Katie Morgan
RESIDENCE	Annis.	Annis.
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	20
BIRTHPLACE	~~Utah~~ Idaho.	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H Fisher M.D.

(Physician or midwife)

Address Ririe Idaho

Given names added from a supplemental report

____ 19____

Filed May 10 19 13 Ray H Fisher M.D.

____ Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913 D75-304

154-224-022-296

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. [illegible] Rev. 1912-15-12

Registration District No. 9 File No. 12645

Primary Registration District No. 2040 Registered No. 209

FULL NAME OF CHILD MARY BERNEICE ANDERSON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	and Number in order of birth	Yes	April 24 1913

FATHER	MOTHER
FULL NAME: Niels Anderson	FULL MAIDEN NAME: Mary Brown
RESIDENCE: Rudy	RESIDENCE: Rudy
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher M.D.
(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 10 1913 Ray H. Fisher
Registrar
Cer. B. V. S.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of CALIFORNIA }
County of SAN FRANCISCO } ss.

Certificate No. 12645

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for MARY BERNEICE ANDERSON (Name on Original Certificate) who WAS BORN (Was Born or Died) on APRIL 24th 1913 (Date of Event)
in RUDY SCHOOL DIST RIGBY ROUTE TWO IDAHO (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Mary Berneice Anderson

Subscribed and sworn to before me this 13th day of JUNE, 19 42

Notary Public, residing at 823 IRVING ST S.F.

My commission expires 6-13-1944
(Seal)

Signed x Mary Frances Anderson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1467-45th Ave San Francisco
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA }
County of SAN FRANCISCO } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of JUNE, 19 42

Notary Public, residing at 823 IRVING STREET S.F.

My commission expires 6-13-1944
(Seal)

Signed x Susie C. Beattie
(Signature of Any Credible Person Other Than Previous Year)

3A Downey St
San Francisco Calif
(Street Address, City, State)

JUN 18 1942

JUN 22 1942

155-118-022-962

PLACE OF BIRTH

County of Fremont

City of Humphrey

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12646

Primary Registration District No. 2040 Registered No. 202

FULL NAME OF CHILD Roy Franklin Jenkins.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mar. 11 1913

FATHER		MOTHER	
FULL NAME	Charles Ed. Jenkins	FULL MAIDEN NAME	Laura Agnes Robbins
RESIDENCE	Humphrey.	RESIDENCE	Humphrey.
COLOR	White	AGE AT LAST BIRTHDAY (Years)	21
COLOR	White	AGE AT LAST BIRTHDAY (Years)	19
BIRTHPLACE	Nebraska	BIRTHPLACE	Oregon
OCCUPATION	Rancher.	OCCUPATION	Housework

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~), at 12 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Cline

(Physician ~~or midwife~~)

Address Idaho Falls, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 10 1913 Ray H. Fisher
Per B. W. J.
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 19 1973

JAN 29 1975

Dept of 1913. 13079

367-209-022-254

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lorenzo

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2046

File No. 12647

Registered No. 199

FULL NAME OF CHILD Edith Top

Sex of Child	Twin, Triplet or other? (To be answered only in case of [illegible] births)	Legitimate?	Date of Birth
Female	Twin ✓ and [illegible] ✓	Yes	Apr. 9 (Month) (Day) 191[illegible] (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Nels Top	Anna Knudsen
RESIDENCE	Lorenzo	Lorenzo
COLOR	W	W
AGE AT LAST BIRTHDAY	33 (Years)	33 (Years)
BIRTHPLACE	Denmark	Denmark
OCCUPATION	Mason	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Ivo Burgess

(Physician or midwife)

Address Lorenzo, Ida.

Given names added from a supplemental report

..... 19.....

Filed ..... 19[illegible]

May B. Kapp Fisher, a. M. D.
Registrar

..... Registrar

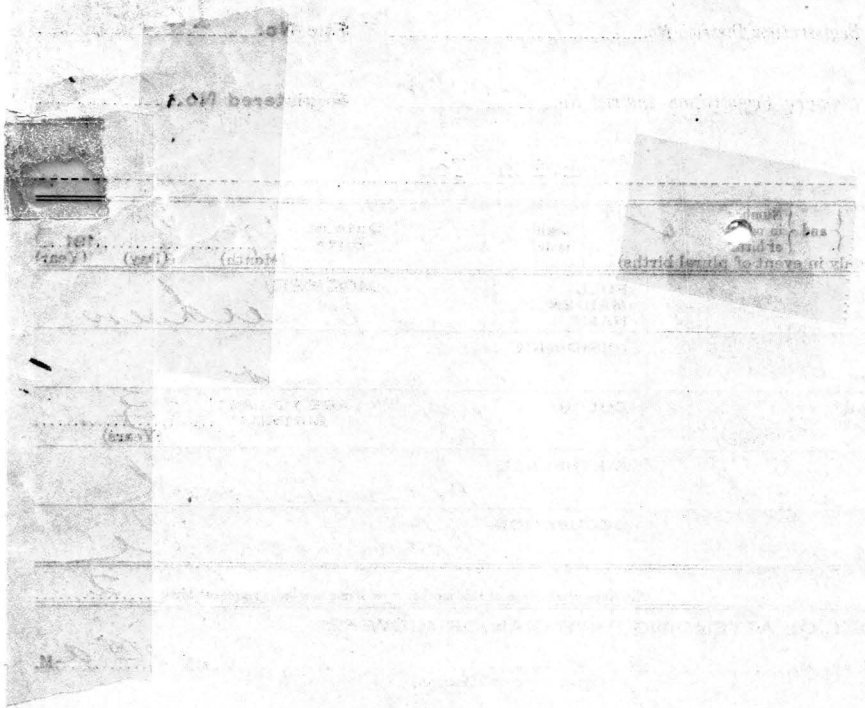
S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 1975



IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 9 50 AM '75

State of Idaho } ss.
County of Lemhi

Certificate No. 12647

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Top (female) (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1913 (Date of Event)
in Lorenzo, Idaho (Place of Event) [redacted] are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Diploma & marriage license (Bible Record, Insurance Policy, Etc.) prepared on Dec 4th 1975 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Edith Top

Subscribed and sworn to before me this 4th day of December, 1975

Notary Public, residing at Salmon, Idaho

My commission expires 9-15-76

(Seal)

Signed Weldon W. Kepner
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

May, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed
(Signature of Any Credible Person)

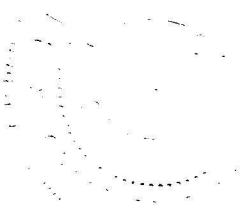
(Street Address, City, State)

FORM DH 60-155 CL 11/26/75

Marriage License and Certificate from XXX Idaho gives names as Weldon W. Keppner and Edith Top. dated Oct. 28, 1935. viewed by V. S.

Public school diploma from Idaho, Jefferson County gives nameas Edith Top, dated May 11, 1928. xxwx viewed by V. S.

DEC 1 1 1975



354-128-022-814

PLACE OF BIRTH

County of Fremont

City of Garfield

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12649

Primary Registration District No. 2040. Registered No. 197

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	\	\	Yes	Apr. 28 1913

FATHER	MOTHER
FULL NAME Washington Lemmon	FULL MAIDEN NAME Ida Ethel Hamilton
RESIDENCE Garfield	RESIDENCE Garfield
COLOR White AGE AT LAST BIRTHDAY 33 (Years)	COLOR White AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive, at 5 A. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A. Godfrey

~~(Physician)~~ or midwife)

Address Garfield, Idaho.

Given names added from a supplemental report

..... 19.....

Filed May 10 1913 Ray H. Fisher
Registrar
Per B. W. P.

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

666-209-022-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 23-P—Rev. 6-25-12

PLACE OF BIRTH

County of Fremont

City of Felt

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 1 File No. 12651

Primary Registration District No. 2081 Registered No. 212

FULL NAME OF CHILD Woodrow Woods

Sex of Child Male | Twin, Triplet or other? | and Number in order of birth (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr. 9 (Month) (Day) 1913 (Year)

FATHER

FULL NAME Benjamin F. Woods

RESIDENCE Felt

COLOR White AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Missouri

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Amelia Ida Woods

RESIDENCE Felt

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Born alive ~~or stillborn~~) at 1 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fannie Hendrickson

(~~Physician or~~ midwife)

Address Badger, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 10 19 13 Ray H. Fisher Registrar

..... Registrar

B.D.V.P.

8-Y CO. 20174

1942

APR 15 1942

113-218-022-993

Form V.S. No. [illegible] 2-15-12

PLACE OF BIRTH

County of Fremont

City of Pleasant

No. ..... St.

Hospital Daisy

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12652

Primary Registration District No. 2081 Registered No. 211

FULL NAME OF CHILD Ella Jackson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James T. Jackson	Ann Richards.
RESIDENCE	Pleasant	Pleasant
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	35
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer.	Housewife.

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fannie Hendrickson.

(~~Physician or~~ midwife)

Address Badger, Idaho.

Given names added from a supplemental report

..... 19.....

Filed May 16 19 13 Ray H. Fisher.
Registrar

Pct. B. W. S.

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

V. S. No. 11-G-80

12652

ed No.

County o
City of
No.
Hospital
PUL. N
Sex of
Child

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

Certificate No. 12652

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Ella Jackson (Name on Original Certificate) who was born (Was Born or Died) on April 18, 1913 (Date of Event) in Plasade (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by #199127 (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) Marriage License 10-1-30 Utah - Cache Co., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Christian Name	Ella Jackson	Daisy Ella Jackson

Subscribed and sworn to before me this 24th day of April, 1957.

L. C. Stewart
Notary Public, residing at Ashton, Idaho
My commission expires March 7, 1959
(Seal)

Signed James T Jackson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ashton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24th day of April, 1957.

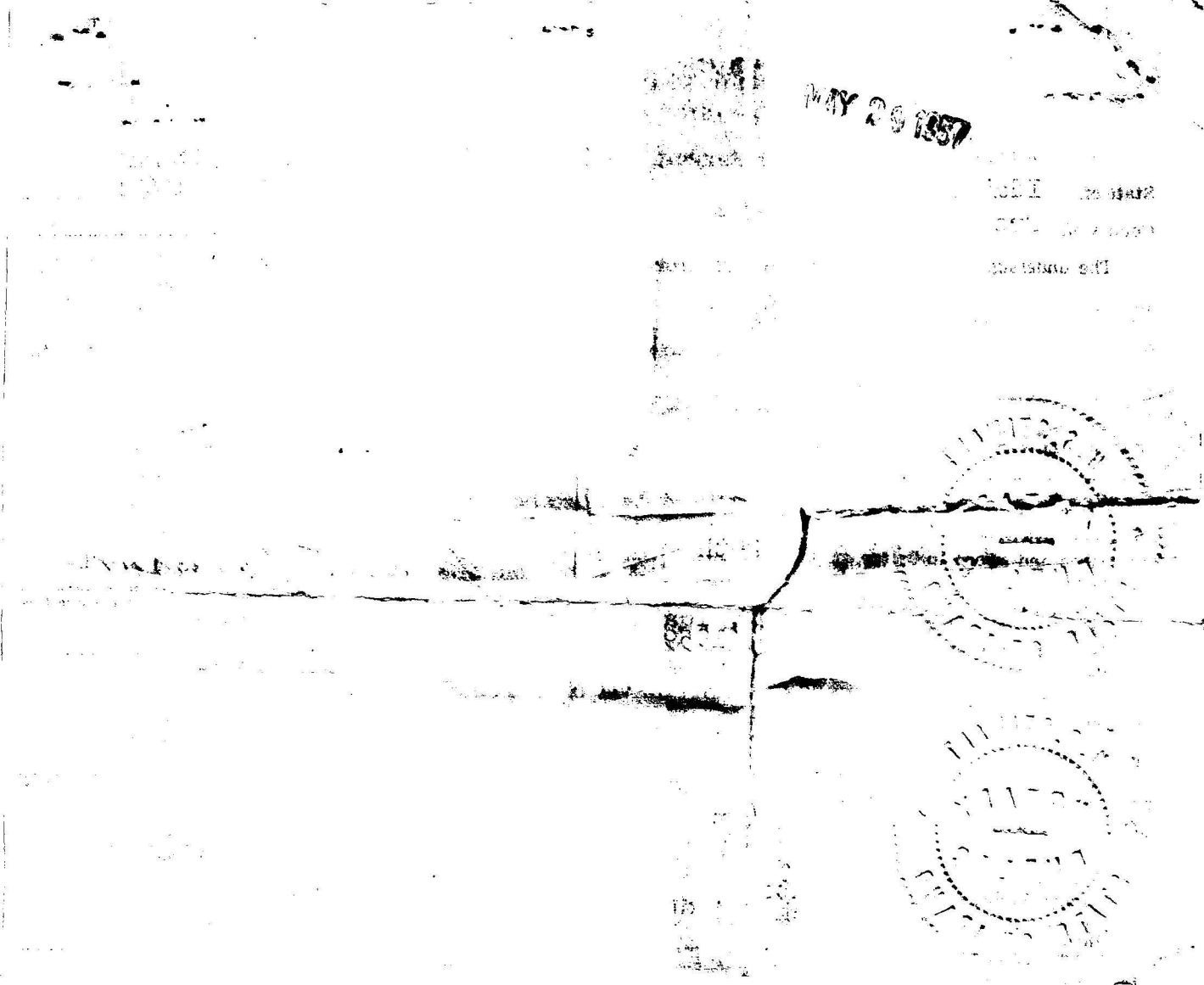
L. C. Stewart
Notary Public, residing at Ashton
My commission expires March 7, 1959
(Seal)

Signed Adelia Ashton
(Signature of Any Credible Person)

Ashton, Idaho
(Street Address, City, State)

CL 4-19-57 1 copy paid

FORM DPH 55-155


MAY 29 1957

314-219-022-515

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont.

City of Badger.

No. ..... St.

Hospital .....

Registration District No. 9 File No. 12653

Primary Registration District No. 2081 Registered No. 210

FULL NAME OF CHILD Lillian Mae Laughlin.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles P. Laughlin	Mary S. Vandeusen
RESIDENCE	Badger.	Badger
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	18
BIRTHPLACE	Kansas.	Idaho.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive, at 11.30 P. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fannie Fenarickson.

(~~Physician or~~ midwife)

Address Badger, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 10 19 13 Ray H. Fisher. Registrar
Per. B. W. S.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 7 1958

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

695-205-22-113

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12654

County of Fremont

City of Rexburg

Registration District No. 7 File No.

No. St.

Primary Registration District No. 2039 Registered No. 235

Hospital

FULL NAME OF CHILD Naoma Freeman

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	—	yes	April 5 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm Freeman	FULL MAIDEN NAME	Hazel Jacobs
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	England	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 2:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K A Crismon

(Physician or midwife)

Address Rexburg Idaho

Given names added from a supplemental report

....., 19.....

Filed May 10 19 13 Ray H. Fisher
Registrar

.....
Registrar

8-Y CO. 20175

MAY 25 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-214-022-683

PLACE OF BIRTH

County of Fremont

City of Archer

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-...

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Child's name added 09-20-06 ns

Registration District No. 9 File No. 12655

Primary Registration District No. 2039 Registered No. 234

FULL NAME OF CHILD Julia Hortense Squires

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Apr 14 1913

	FATHER	MOTHER
FULL NAME	Lawrence B. Squires	FULL MAIDEN NAME Julia M. Wilcox
RESIDENCE	Archer	Archer
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	29
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 12:40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon

..... (Physician or ~~midwife~~)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 10 19 13 Ray N. Fish Registrar

S-Y CO. 20175

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } SS
County of _____

Certificate No. 13-12655
Date Filed May 10, 1913

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth, Death, Marriage, etc.)
for baby girl Squires (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 14, 1913 (Date of Event)
in Archer (Fremont Co.) (Place of Event)
are erroneous or were omitted.

ITEMS TO BE CORRECTED	FROM	TO
Child's first name	unlisted	Julia
Child's middle name	unlisted	Hortense
Child's surname	unlisted	Squires

Subscribed and sworn to before me this 13th day of September, 2006
Notary Public, [signature]
Residing at 1225 W Main St Ste 101 Mesa, Az 85202
My commission expires 10/01/09
(Seal)

NOTARY PUBLIC
STATE OF ARIZONA
Maricopa County
JARED MOORE
My Commission Expires 10/01/09

[signature]
Signature of Applicant
1062 W Devonshire Mesa, Az 85201
Street Address, City, State and Zip

SUPPORTING AFFIDAVIT OF A SECOND PERSON

(Must be completed ☐)
(Is not necessary ☒)

State of _____ } SS
County of _____

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State and Zip

09-06-06

LDS CERT OF BIRTH FOR JULIA HORTENSE SQUIRES BORN 04-14-13 DATED 04-03-42
VIEWED BY VS

MT BC FOR SHARILYN GAY MASSEY BORN 10-11-44 IN CASCASE CTY SHOWING MOTHER'S NAME AS
JULIA H SQUIRES VIEWED BY VS

547-220-02-855

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

Registration District No. 9 File No. 12656

No. ..... St.

Primary Registration District No. 2039 Registered No. 233

Hospital .....

FULL NAME OF CHILD Martha Belle Edginton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Feb 20 1913

FATHER		MOTHER	
FULL NAME	Arthur Edginton	FULL MAIDEN NAME	Ida Henderson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Laborer	OCCUPATION	

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Rugge

..... (Physician or midwife)

Address Teton City

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 10 19 13 Ray H. Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

193-209-022-462

PLACE OF BIRTH

County of Fremont

City of Teton

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12857

Primary Registration District No. 2039 Registered No. 232

FULL NAME OF CHILD Elma Irene Archibald

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Mch 9 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas J. Archibald	Emma L. Moss
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or midwife)

Address Teton City

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed May 10 19 13 Ray H. Fisher Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

866 - 204-022-847

PLACE OF BIRTH

County of Fremont

City of Teton

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12658

Primary Registration District No. 2039 Registered No. 231

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—		—	yes	Apr 4 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Culbret R. Howes	FULL MAIDEN NAME	Leah L. Huggard
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~Stillborn~~) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Ruggs

(Physician or midwife)

Address Teton City

Given names added from a supplemental report

____ 19____

____ Registrar

Filed May 10 19 13 Ray H. Fisher Registrar

6-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

-819-113-022-847

PLACE OF BIRTH

County of Fremont

City of Teton

No. ____ St.

Hospital Name added 7/17/80

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12659

Registration District No. 9 File No. ____

Primary Registration District No. 2039 Registered No. 230

FULL NAME OF CHILD ARTHUR IRVING HARRIS

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Apr 13 1913

FATHER		MOTHER	
FULL NAME	Cyrus T. Harris	FULL MAIDEN NAME	Maud Hughes
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(Physician or midwife)

Address Teton City

Filed May 10 19 13 Roy H. Fisher Registrar

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 3 1974

6-26-80

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
JUL 1 9 28 AM '80

State of Ida.
County of Fremont } ss.

Certificate No. 12659
Date Filed 6/27/80

The undersigned does solemnly swear that certain facts on the certificate of birth

for unnamed Harris (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 13, 1913 (Date of Event)

in Teton (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	omitted	Arthur Irving Harris

Subscribed and sworn to before me this 6/27/8 day of
1980.

Notary Public, [signature]
Residing at St. Anthony Ida
My commission expires 2-10-81
(Seal)

x Arthur Irving Harris
Signature of Applicant
449 W. 7th St. Anthony, Ida. 83445
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

(Must be completed ___)
(Is not necessary X)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of
June 1980.

Notary Public, [signature]
Residing at St. Anthony, Ida 83445
My commission expires 2-10-81
(Seal)

x Nova M. Aldridge
Supporting Signature
215 W. 1st S. Teton City, Ida.
Street Address, City, State

Family Group record for Cyrus Irving Harris and Hannah Maud Hughes. give child's name as Arthur Irving Harris born April 13,1913 at Teton City, Idaho. viewed byV. S.

JUL 17 1980

PhotoOcopy of Record of birth and Blessings 1913 gives name as Arthur Irving Harris born April 13, 1913. father's name as C. Irving Harris and mother's name as H. Maud Hughes. Blessed June 1, 1913. viewed by V. S.

249-123-022-236

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12660

Primary Registration District No. 2039 Registered No. 224

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	4 - 23 - 1913

FATHER		MOTHER	
FULL NAME	Luther C Burnham	FULL MAIDEN NAME	Minnie Stout
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Kansas
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 3 30 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Esplin

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 10 1913 Ray H. Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

916-204-022-846

PLACE OF BIRTH

County of Fremont

City of Teton

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12661

Primary Registration District No. 2039 Registered No. 223

FULL NAME OF CHILD Zola Loretta Rawlins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	Jan 4 1913

FATHER		MOTHER	
FULL NAME	Selma F. Rawlins	FULL MAIDEN NAME	Frances L. Huff
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	42 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Bell Riggs

(~~Physician~~ or midwife)

Address Teton City

Given names added from a supplemental report

____ 19____

____ Registrar

Filed May 10 19 13 Roy W. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 10 1958

DECEASED

S 33-215-022-133

PLACE OF BIRTH

County of Fremont

City of Teton

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12662

Primary Registration District No. 2039 Registered No. 224

FULL NAME OF CHILD Esperance Ellis

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Jan 15 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm H. Ellis	FULL MAIDEN NAME	Della Allen
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~Stillborn~~) at 4 a M. on the date above stated.

(Signature) Bell Riggs

(Physician or midwife)

Address Teton City

Filed May 10 19 13 Ray H. Fosher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1965

386-130-02-795

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ____ St.

Hospital ____

Registration District No. 9 File No. 12663

Primary Registration District No. 2027 Registered No. 221

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Jan 30 1913

FATHER		MOTHER	
FULL NAME	Robt Thompson	FULL MAIDEN NAME	Josephine Pincock
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Belle Rogers

(Physician or midwife)

Address Teton City

Given names added from a supplemental report

____ 19____

Filed May 10 19 13 Ray V. Fisher Registrar

____ Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 12—Rev. 6-15-12

PLACE OF BIRTH

County of Fremont

City of Teton

866-108-022-531

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12664

Primary Registration District No. 2039 Registered No. 220

FULL NAME OF CHILD GRANT HOWARD

Sex of Child	Twin / Triplet / or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	apr 8 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Howards	Ella Elame
RESIDENCE	Sugar City	Sugar City
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 7 a. M. on the date above stated.

(Signature) Belle Rigg

(Physician or midwife)

Address Teton City

Filed May 10 19 13 Ralf H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

8-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF ~~BIRTH~~ OR DEATH

State of Idaho } ss.
County of FREMONT

Certificate No. 12664

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for unnamed (Grant) Howard (Name on original certificate) who was born (Was born or died) on April 8, 1913 (Date of event)
in Sugar City, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Records (Bible record, insurance policy, etc.) prepared on Oct 4 1941 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Howard	Grant Howard

Subscribed and sworn to before me this 4th
day of October, 1941
Herbert O Skalet
Notary Public, residing at St Anthony, Idaho
My commission expires 11/25/44
[SEAL]

Signed John S. Eames
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Teton City Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

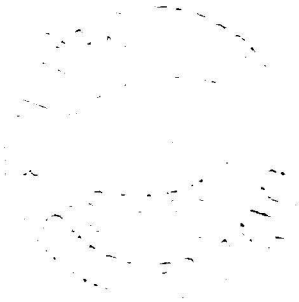
The undersigned does solemnly swear that she has knowledge of the corrected facts as set forth above and that they are true to the best of her knowledge.

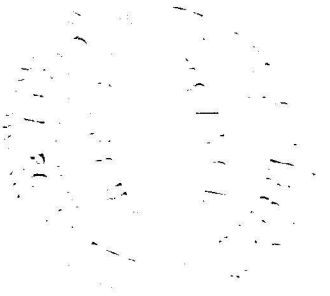
Subscribed and sworn to before me this 4th
day of October, 1941
Herbert O Skalet
Notary Public, residing at St Anthony, Idaho
My commission expires 11/25/44
[SEAL]

Signed Ina Dora Eames
(Signature of any credible person other than the previous affiant.)
Teton City Idaho
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

OCT 9 1941





231-124-022-249

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lyman

Registration District No. 9

File No. 12665

No. ____ St.

Primary Registration District No. 2039

Registered No. 219

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	April 24 1913

FATHER		MOTHER	
FULL NAME	John Blackburn	FULL MAIDEN NAME	Hannah Burns
RESIDENCE	Lyman	RESIDENCE	Lyman
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~stillborn~~ (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Magdalene Walz

(Physician or midwife)

Address Lyman

Given names added from a supplemental report

....., 19.....

Filed May 10, 19 13 Ray H. Fisher

Registrar

.....

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-119-022-714

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. ..... St.

Hospital .....

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12666

Primary Registration District No. 2039 Registered No. 218

FULL NAME OF CHILD Kenneth Walter Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	4 - 19 - 1913

FATHER		MOTHER	
FULL NAME	Edward C. Larsen	FULL MAIDEN NAME	~~Ostler~~ Louisa Ann Paul
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Norway	BIRTHPLACE	Utah
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 3 45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eshe

(Physician or ~~midwife~~)

Address Rexburg

Given names added from a supplemental report

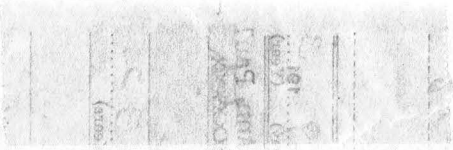
..... 19.....

Filed May 10 19 13 Ray H. Fisher
Registrar

..... Registrar

S-Y CO. 20175

4/5/41 L. B.



For information regarding Birth Certificate, write to:

BUREAU OF VITAL STATISTICS
Department of Public Welfare
Division of Public Health
Boise, Idaho

RECEIVED
APR 2 1941

I request a Birth certificate for:

Name of Child Kenneth Walter Larsen

Place of Birth Rexburg Idaho

Date of Birth April 19, 1913

Name of Father Edward C. Larsen

Maiden name of Mother Louisa Ann Paul

Person making request Louisa A. Larsen

Present P.O. Address 14328 Sylvan St

City or Town Van Nuys Calif
Nuys

over

We have the record of an unnamed Male Larsen child, but mother's maiden name appears as Olive Smith. If this is your sons record, and the name is not correct, it will be necessary for you to contact the attending physician and have him write and authorize us to change the maiden name of the mother. Dr. Espe is still living in Burley, Idaho. Return all correspondence, with his letter of authorization and themoney order (enclosed) and we will change the record and send you certified copy.

Bureau of Vital Statistics
Boise, Idaho

2-27-41

The information on other side of this page is correct, They lived next door to me in Rexburg.

G. H. Espe M. D.

I hope this information will make it possiable for me to get this certificate Thanking you. I am sincerly

Mrs E. C. Larsen

652-209-022-269

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg Registration District No. 9 File No. 12667

No. ____ St. Primary Registration District No. 2039 Registered No. 217

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.	—	—	yes	4 - 9 - 13

FATHER		MOTHER	
FULL NAME	Ray Westover	FULL MAIDEN NAME	Olive Smith
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 2:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. L. Eisher

(Physician or ~~midwife~~)

Address Rexburg

Given names added from a supplemental report

____ 19____

____ Registrar

Filed May 10 19 13 Ray H. Fisher Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-228-022-844

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12668

County of Fremont

City of Rexburg Registration District No. 9 File No.

No. St. Primary Registration District No. 2039 Registered No. 216

Hospital

FULL NAME OF CHILD Margrette Marbella Ricks

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	yes	4 (Month) 28 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Ricks	Catherine E Humphrey
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 8:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M Nelson

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 10 19 13 Ray H. Fisher
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 5 1971

FEB 2 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-126 022-349

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg Registration District No. 9 File No. 12669

No. ____ St. Primary Registration District No. 2039 Registered No. 215

Hospital ____

FULL NAME OF CHILD Ralph James Burgin

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Apr 26 1913

FATHER		MOTHER	
FULL NAME	Chas. Burgin	FULL MAIDEN NAME	Mary Turman
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kentucky	BIRTHPLACE	Arizona
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7:0 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Cramon

(Physician or ~~midwife~~)

Address Rexburg

Given names added from a supplemental report

....19....

....Registrar

Filed May 10 19 13 Ray N. Fisher Registrar

S-Y CO. 20175

United Benefit Life Insurance Co. Policy, May 9 1926, #C-630666 gives full name as Ralph James Burgin - viewed by V.S. and Own Child's Birth Cert. on file, #297046 gives full name of father as - Ralph James Burgin - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12669

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Burgin (Name on Original Certificate) who born (Was Born or Died) on April 26, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	~~Idaho Ralph Burgin~~ Ralph James Burgin

Subscribed and sworn to before me this 12th day of October 1959

Earl W. Fenn

Notary Public, residing at Rexburg, Idaho

My commission expires May 10th 1963

(Seal)

Signed Mary Burgin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Hamer Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of October, 1959

Earl W. Fenn

Notary Public, residing at Rexburg, Idaho

My commission expires May 10th 1963

(Seal)

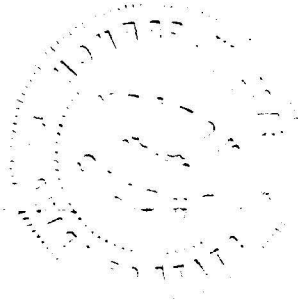
Signed M. B. Turman
(Signature of Any Credible Person)

Hamer Idaho
(Street Address, City, State)

FORM DPH 55.155

CL 7-27-59. nm

JUN 27 1960
JUN 5 1975



819-106-022-363

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12670

Primary Registration District No. 2039 Registered No. 214

FULL NAME OF CHILD Ross Cole Harris

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	5 - 6 - 13

FATHER		MOTHER	
FULL NAME	Arthur Harris	FULL MAIDEN NAME	Zina R. Cole
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Implement dealer	OCCUPATION	House wife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 8 40 a.m. on the date above stated.

(Signature) G G Eshe

(Physician or ~~midwife~~)

Address Rexburg

Filed May 10 19 13 Ray H. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 14 1944

997-226-022-622

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 12671

County of Fremont

City of Rexburg Registration District No. 9

No. ____ St. Primary Registration District No. 2039 Registered No. 213

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
M	—	—	Yes	4 26 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Rigby	Anna Osborn
RESIDENCE	Sugar City	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	44	42
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 4 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eshe

(Physician or ~~midwife~~)

Address Rexburg

Given names added from a supplemental report

....., 19.....

Filed May 10, 19 13 Ray H. Fisher
Registrar

.....
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

363-125-022-319

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 12672

County of Fremont

City of St Anthony — Registration District No. 9

No. ____ St. — Primary Registration District No. 2038 — Registered No. 237

Hospital ____

FULL NAME OF CHILD David Edwin Collett

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Apr 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel E. Collett	Elizabeth Jane [illegible]
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 20 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Address St Anthony

Given names added from a supplemental report

____ 19____

____ Registrar

Filed May 10 19 13 Ray H. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 29 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-203-022-155

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 12673

County of Fremont

City of St Anthony Registration District No. 9

No. ____ St. Primary Registration District No. 2038 Registered No. 136

Hospital ____

FULL NAME OF CHILD Alice Margaret McKinley

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	yes	May 3 (Month) (Day) 191 3 (Year)

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edwin J. McKinley	Sarah N. Jenkins
RESIDENCE	St Anthony	St Anthony
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	22
BIRTHPLACE	Colorado	Idaho
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 7 30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W.B. West

(Physician or ~~midwife~~)

Address St Anthony

Given names added from a supplemental report

____ 19____

Filed May 10 19 13 Ray H Fisher
Registrar

____
Registrar

S-Y CO. 20175

OCT 1 3 1976

DEC 1 9 19[illegible]

Dep. of 1913-16693

155-204-022-249

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12674

County of Fremont

City of Ashton

Registration District No. 9

File No.

No. St.

Primary Registration District No. 2038

Registered No. 227

Hospital

FULL NAME OF CHILD Winona Ruth Jenkins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	May 4 1913

FATHER		MOTHER	
FULL NAME	W.E. Jenkins	FULL MAIDEN NAME	Bell Smith
RESIDENCE	Ashton R.L.	RESIDENCE	Ashton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Utah	BIRTHPLACE	Va.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 3 30 a.m. on the date above stated.

(Signature) W. B. West

(Physician or midwife)

Address St Anthony

Filed May 10 19 13 Ray R. Fisher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 25 1968

MAY 29 1975

MAR 8 1943,

Dept of 1913 - 14694

796-208-022-251

PLACE OF BIRTH amended 5/30/80

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Hospital .....

Registration District No. 9 File No. 12676

Primary Registration District No. 2038 Registered No. 227

FULL NAME OF CHILD Ruth Grover

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Apr 8 1913

FATHER		MOTHER	
FULL NAME	Henry A Grover	FULL MAIDEN NAME	Esther Beart
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	44
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or ~~midwife~~)

Address St Anthony

Given names added from a supplemental report

..... 19.....

Filed May 10 19 13 Ray H. Fisher
Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 16 2 44 PM '80

State of _____ } ss.
County of _____

Certificate No. 12676
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Inez Grover (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 8, 1913 (Date of Event)
in Parker, Idaho (Fremont) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	Inez Grover	Ruth Grover

Subscribed and sworn to before me this 12th day of May 1980.
Notary Public, _____
Residing at Ashton, Idaho
My commission expires Life
(Seal)

x Ruth Grover (Murdock)
Signature of Applicant
Box 524 Ashton, Idaho
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Fremont

(Must be completed __)
(Is not necessary __)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of May 1980
Notary Public, _____
Residing at Ashton, Idaho
My commission expires Life
(Seal)

x Julia Clark
Supporting Signature

Street Address, City, State

2/22/80 nm

/Certif of Blessing from the LDS Church gives name as Ruth Grover born April 8, 1913 to Henry Alfred Grover and Esther Beart Smith. born at Parker Idaho. Blessed June 1, 1913. viewed by V. S

MAY 30 1980

Certif of Baptim from the LDS Church gives name as Ruth Grover daughter of Henry A. Grover and Esther B. Smith. born April 8, 1913 at Parker, Idaho. Bsaptized June 4, 1921. viewed by V. S.

113-204-022-639

PLACE OF BIRTH

County of Fremont

City of Parker

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12677

Primary Registration District No. 2038 Registered No. 276

FULL NAME OF CHILD Bessie Jackson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)	—	yes	April 4 1913

FATHER		MOTHER	
FULL NAME	Henry D. Jackson	FULL MAIDEN NAME	Mary J. Flint
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	41 (Years)	AGE AT LAST BIRTHDAY	35 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 11 25 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Address St Anthony

Given names added from a supplemental report

____ 19____

Filed May 10 19 13 Ray N. Green
Registrar

____
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 1 0 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
AUG 20 12 10 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of California } ss.
County of Los Angeles

Certificate No. 12677

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jackson (female) (Name on Original Certificate) who was born (Was Born or Died) on Apr. 4, 1913 (Date of Event)
in Parker, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record, Marriage Cert. (Bible Record, Insurance Policy, Etc.) prepared on July 17, 1975; Mar. 30, 1932 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Bessie Jackson

Subscribed and sworn to before me this 13th day of August 19 75

Shirley J Least

Notary Public, residing at Los Angeles, Calif.
My commission expires 11/27/76
(Seal)

Signed Erma J Jeer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13th day of August 19 75

Shirley J Least

Notary Public, residing at Los Angeles, Calif.
My commission expires 11/27/76
(Seal)

Signed H Harold Jackson
(Signature of Any Credible Person)

245 So Hudson Ave
Los Angeles Calif 90004
(Street Address, City, State)

FORM DH 60-155

CL 7/9/74

Letter from LDS Church in Rolling Hills, Calif. gives name as Bessie Jackson Matsen. concerns her records. born April 4, 1913 at Parker, IDaho father's name as Henry S. Jackson amd mother's name as Mary J. Flint. Baptized Aug. 7, 1921. viewed by VS

Certif. of Marriage from Utah gives grooms name as John Martin Matsen, Jr. and bride's name as Bessie Jackson. dated Mar. 30, 1932. viewed by V. S.

STATE OF CALIFORNIA

ss.

COUNTY OF LOS ANGELES

On August 13, 1975, before me, the undersigned, a Notary Public in and for said State, personally appeared Erma J. Jean and W. Harold Jackson

known to me to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same.

WITNESS my hand and official seal.

Shirley J. Peart

Notary Public in and for said State

SEAL

OFFICIAL SEAL
SHIRLEY J. PEART
NOTARY PUBLIC - CALIFORNIA
PRINCIPAL OFFICE IN
LOS ANGELES COUNTY
My Commission Expires November 27, 1976

AUG 22 1975 COPY

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

493 - 208 - 022 - 000

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Cache

No. ..... St.

Hospital .....

Registration District No. 9 File No. 12679

Primary Registration District No. 2037 Registered No. 207

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 8 1913

FATHER		MOTHER	
FULL NAME	Henry Nicholsen	FULL MAIDEN NAME	
RESIDENCE	Cache	RESIDENCE	Cache
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive at 12 30 A M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ira D. Keith

(Physician ~~or midwife~~)

Address Driggs, Idaho

Given names added from a supplemental report

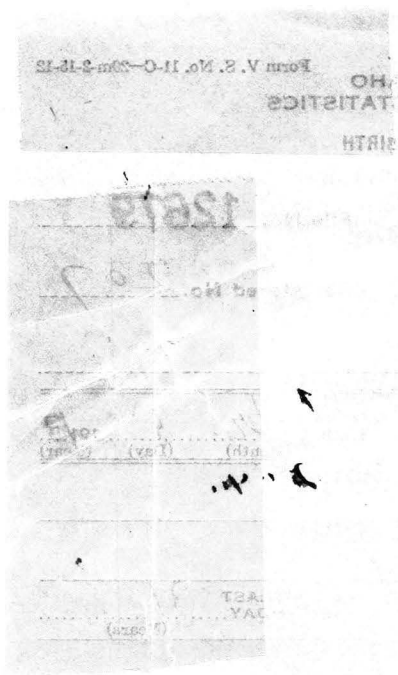
..... 19.....

Filed May 10 1913 Ray H. Fisher Registrar

..... Registrar

Per B. H. S.

S-Y CO. 20174



864-217-022-987

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

City of Driggs

No. _____ St.

Hospital _____

Registration District No. 9 File No. 12680

Primary Registration District No. 2037 Registered No. 206

FULL NAME OF CHILD Mildred Young

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	(To be answered only in event of plural births)		Yes	Apr. 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Young.	Martha Rigby.
RESIDENCE	Driggs	Driggs
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	39
BIRTHPLACE	Utah.	Utah.
OCCUPATION	Farmer.	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Tietz
(Physician ~~or midwife~~)

Address Driggs Idaho.

Given names added from a supplemental report

..... 19.....

Filed May 10 1913 Ray H. Fisher
Registrar
Per B. W. S.

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 2 3 1975

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 19.. (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR / AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... born alive or stillborn) at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife) .....

Address .....

Given names added from a supplemental report

19.....

Filed ..... 19.....

Registrar .....

Registrar .....

S-Y CO. 20174

MARGIN PRESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

113

RECEIVED
BUREAU OF
VITAL STATISTICS

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

JAN 23 11 07 AM 75

State of ..... } ss.
County of ..... }

Certificate No. 12680

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Young (female) (Name on Original Certificate) who was born (Was Born or Died) on Apr. 17, 1913 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Mildred Young

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Davis }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of
January, 1975

Notary Public, residing at Kaysville, Utah
My commission expires 1-1-1978
(Seal)

Signed Eugene A. Dent
(Signature of Any Credible Person)

960 South 50 West Kaysville, Utah
(Street Address, City, State)

CL 1/23/75

FORM DH 60-155

Certif. of Baptism and Confirmation from the LDS Church gives name as Mildred Young daughter of Geo. S. Young and Martha Rigby. Born April 17, 1913 at Driggs, Idaho. Was Baptized April 17, 1921. viewed b V. S.

FEB 5 1975

Own son's birth certif. on file in Idaho gives name as John Leslie Hart born March 18, 1946 at Montpleir, Idaho. mother's name given as Mildred Young and father's name as Eugene A. Hart. (file No. 419868). Viewed by V. S.

313-229-022-893

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Kootenai

City of Hayden

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12681

Primary Registration District No. 2037 Registered No. 205

FULL NAME OF CHILD Afton Bernice Caldwell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Oct. 29 1913

FATHER		MOTHER	
FULL NAME	Moroni Caldwell	FULL MAIDEN NAME	Harriet Hill
RESIDENCE	Hayden	RESIDENCE	Hayden
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	England
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated., at 12 46 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or midwife)

Address Driggs, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 1st 1913 Ray H. Fisher
Registrar

..... Registrar

Per. B. W. P.

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH 6

1947

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. ..... File No. .....

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural birth)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
				19..

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY (Years)	COLOR / AGE AT LAST BIRTHDAY (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. ..... at ..... M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife) .....

Address .....

Given names added from a supplemental report

..... 19..

Registrar .....

Filed ..... 19..

Registrar

B-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

M. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

464-213-022-799

PLACE OF BIRTH

County of Fremont

City of Victor

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12682

Primary Registration District No. 2037 Registered No. 2044

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Apr. 18 1913

FATHER	MOTHER
FULL NAME George C. Moulton	FULL MAIDEN NAME Ethel Griffith
RESIDENCE Victor	RESIDENCE Victor
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 a. M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ira D. Keith

(Physician ~~or midwife~~)

Address Driggs, Idaho

Given names added from a supplemental report

....., 19.....

Filed May 10 1913 Ray H. Turner
Registrar
Per. B. W. P.

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-5-15-12

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

No. ..... St.

Hospital .....

Registration District No. .....

Primary Registration District No. .....

File No. .....

Registered No. .....

FULL NAME OF CHILD .....

Sex of Child

Twin / Triplet / or other?

Number in order of birth

(To be answered only in event of plural births)

Legitimate?

Date of Birth ..... 19..

(Month) (Day) (Year)

FULL NAME	FATHER	MOTHER
		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR / AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ..... M.

on the date above stated.

(Signature)

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report .....

19.. Address .....

Registrar

Filed ..... 19..

Registrar

8-7 CO 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth, a separate RETURN must be made for each and the number of each, in order of birth, must be stated.

319-211-022-893

PLACE OF BIRTH

County of Fremont

City of Driggs

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 12683

Primary Registration District No. 2037 Registered No. 200

FULL NAME OF CHILD Cordelia Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Female			Yes	Apr 11 [illegible]

FATHER		MOTHER	
FULL NAME	Lars Peter Larsen	FULL MAIDEN NAME	Matilda Hill
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	39 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Larsen

Midwife (Physician or midwife)

Address Driggs, Idaho.

Given names added from a supplemental report

....19....

....
Registrar

Filed May 10 19 13 Ray H. Fisher
Registrar
Per. B. D.

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

DECEASED

689-221-021-297

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin

City of Preston

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 — File No. 12684

Primary Registration District No. 219 — Registered No. 113

FULL NAME OF CHILD Marie White

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		Yes	Jan 21, 1913

	FATHER	MOTHER
FULL NAME	Geo Francis White	Emlie Biggs
RESIDENCE	Preston Ida	Preston Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	31
BIRTHPLACE	Farmington, Utah	Salt Lake Utah
OCCUPATION	Blacksmith	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D. (Physician or Midwife)

Address Preston Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 27 1913 — Mar 7 1913

Registrar — D. C. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

Form V. S. No. 11-C—10m-5-11

STATE OF IDAHO

Bureau of Vital Statistics

PLACE OF BIRTH

County of .....

City of .....

CERTIFICATE OF RECORD

315-103-021-253

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No 18 — File No. 12686

No ____, ____ St.

Hospital ____ Primary Registration District No 2119 — Registered No. 115

FULL NAME OF CHILD Sidney B. Vance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	One	—	Yes	Feb. 3th (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Seth Vance	Mary Ada Beckstead
RESIDENCE	Preston Ida.	Preston
COLOR	White	White
AGE AT LAST BIRTHDAY	53 (Years)	41 (Years)
BIRTHPLACE	Berlin Germany	South Jordan Utah
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Preston Ida. (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 27 1913 G. O. Gurney Registrar

Mar 1913 D. C. Ray

SYMS - YORK CO., PTRS. & BDRS. 17326 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUN 1 1971

155-207-021-235

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin

City of Preston

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 18 File No. 12687

Primary Registration District No. 219 Registered No. 116

FULL NAME OF CHILD Flora Gwen Jenkins

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Feb. 7, 1913

FATHER		MOTHER	
FULL NAME	Geo. Calvin Jenkins	FULL MAIDEN NAME	Eva Emma Stephens
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Sandy Utah	BIRTHPLACE	Preston Ida.
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. J. Parkinson M.D.

Preston Ida.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 27 1913 G. L. Emery Registrar

May 1 1913 D. C. Ray

SYMS - YORK CO., PTRS. & SDRS. 17826 Registrar

AUG 15 1962

355-108-021-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Weston *Registration District No.* 18 **File No.** 12688

*No.*_____, _____ *St.* *Primary Registration District No.* 2119 **Registered No.** 117

Hospital _____

FULL NAME OF CHILD Earl Benson

Sex of Child	Male	**Twin, Triplet, or other?** (To be answered only in event of plural births)	and **Number in order of birth**	**Legitimate?**	Yes	**Date of birth**	2 (Month)	8 (Day)	1913 (Year)

	FATHER	**MOTHER**
FULL NAME	Clarence Benson	**FULL MAIDEN NAME** Hettie Bird
RESIDENCE	Weston, Ida	**RESIDENCE** Weston Ida
COLOR	White	**AGE AT LAST BIRTHDAY** 20 (Years)	**COLOR** White	**AGE AT LAST BIRTHDAY** 20 (Years)
BIRTHPLACE	Idaho	**BIRTHPLACE** Utah
OCCUPATION	Rancher	**OCCUPATION** Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was one alive (Born alive or stillborn) **on the date above stated.** at 1 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

(Signature) P. W. Zwick M.D.

(Physician or Midwife)

Address Weston Ida.

Filed Apr 21 1913 G. C. Emmons *Registrar*

May 7 1913 D. C. Ray

_____ *Registrar*

S-Y CO., 16670

7-3-41

STAT
Bureau o
CERTIFIC

NOV 18 1941

BIRTHDAY

356-229-003-45?

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12689
Local Reg. No.
Reg. Dist. No. 11

Amended 11/29/74

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McCammon

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: McCammon

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Adelia

b. (Middle): Luera

c. (Last): Lewis

4. SEX: female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Mar. (Day) 29, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Albert

b. (Middle): Lyman

c. (Last): Lewis

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Brigham City, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Lydia

b. (Middle): Elvira

c. (Last): Mellor

13. AGE (At time of this birth): 32 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Fayette, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. W. W. Lewis

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: McCammon, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 10, 1913

22. REGISTRAR'S SIGNATURE: Ellis Kackly

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ATE WHERE THE BIRTH OCCURRED WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12689

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Grace Lewis (Name on Original Certificate) who was born (Was Born or Died) on March 29, 1913 (Date of Event)
in McCammon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Grace Lewis	Adelia Luera Lewis

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Deschutes }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of
November 19 74

Mary L. Lawrence

Notary Public, residing at Bend, Ores
My commission expires 10-13-78
(Seal)

Signed Erma Schroeder
(Signature of Any Credible Person)

7314 Sumac Way Redmond Ore
(Street Address, City, State)

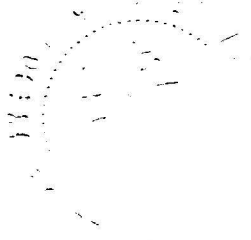
(older sister by 2 yrs)

FORM DH 60-155

CL 6/10/74

Certificate of Birth from LDS Church gives name as Adelia Luera Lewis born March 29, 1913 at McCammon, Idaho. Father's name given as Albert Lyman Lewis and mother's name as Lydia Elvira M Mellor. Entered on record April 7, 1913. viewed by V. S.

Application to New York Life Ins. Co. gives name as Adelia L. Lamph born Mar. 29, 1913. dated Mar. 5, 1955. viewed by V. S.



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of McCammon

No. ____ St.

Hospital ____

[redacted] TATE OF IDAHO
OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11

File No. 12689

Primary Registration District No. 2047

Registered No. 85

FULL NAME OF CHILD Grace Lewis

Sex of Child	Twin, Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		yes	May 29 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Lyman Lewis	Lydia Elvira Mellor
RESIDENCE	McCammon	McCammon
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	32
BIRTHPLACE	Brigham City Utah	Fayette Utah
OCCUPATION	Farmer	Farmers Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. W. W. Lewis

Midwife (Physician or midwife)

Address McCammon Idaho

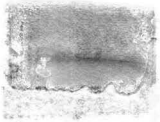
Given names added from a supplemental report

..... 19.....

Eccis Kaerby
Registrar

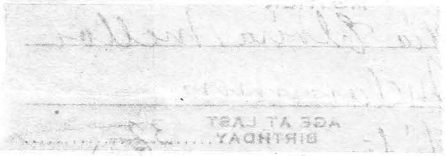
Filed April 10, 19 13 Eccis Kaerby
Registrar

S-Y CO. 20174



JUN 10 1974

DEC 2 1974



415 - 111-003-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Robin

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 12690

Primary Registration District No. 2047 Registered No. 10 C

FULL NAME OF CHILD John Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	March 11 1913

FATHER		MOTHER	
FULL NAME	Jerkin Thomas Davis	FULL MAIDEN NAME	Annie Marria Woodland
RESIDENCE	Robin	RESIDENCE	Robin
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kaney Registrar

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Robin Idaho

Filed Apr 10, 1913 Ellis Kaney Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

434-101-003-792

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

County of Bannock

AMENDED CERTIFICATE OF BIRTH

City of Marsh Center November 29, 1946

No. ..... St. Registration District No. 11 File No. 12691

Hospital ..... Primary Registration District No. 2047 Registered No. 97

FULL NAME OF CHILD Robert Edward McDaniel
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy			Yes	March 1 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Edward H. McDaniel	FULL MAIDEN NAME: Levon Gibbs
RESIDENCE: Marsh Center	RESIDENCE: Marsh Center
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 53 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Missouri	BIRTHPLACE: Brigham City, Utah
OCCUPATION: Farmer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... Ellis Kackley ....., 192.....

....
Registrar.

(Signature) Anna B. Jensen

Midwife
(Physician or midwife)

Address Anna B. Jensen, Marsh Center

Filed April 10 1923 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Marsh Center

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12691

Primary Registration District No. 2047 Registered No. 97

FULL NAME OF CHILD Robert Edward McDaniels

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		1	yes	March 1st (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Edward H McDaniels	Levon Gibbs
RESIDENCE	Marsh Center	Marsh Center
COLOR	White	White
AGE AT LAST BIRTHDAY	33 (Years)	29 (Years)
BIRTHPLACE	Missouri	Brigham City, Utah
OCCUPATION	Farmer	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Anna B. Jensen, Marsh Center

Given names added from a supplemental report

____ 19____

Ellis Kaerdy Registrar

Filed April 10 19 13 Ellis Kaerdy Registrar

8-Y CO. 20174

10-28-41

NOV 27 1946

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Kern }

Certificate No. 12691

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Robert Edward McDaniel (Name on Original Certificate) who was born (Was Born or Died) on March 1, 1913 (Date of Event)
in Arimo (Rural) Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Family records (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	McDaniels	McDaniel

Subscribed and sworn to before me this 19, day of November, 1946.

W. L. Woods
Justice of the Peace
~~Notary Public~~, residing at Tehachapi Calif.

My commission expires 1950
(Seal)

Signed Ed H. McDaniel.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O.Box 319, Mojave, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Kern }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

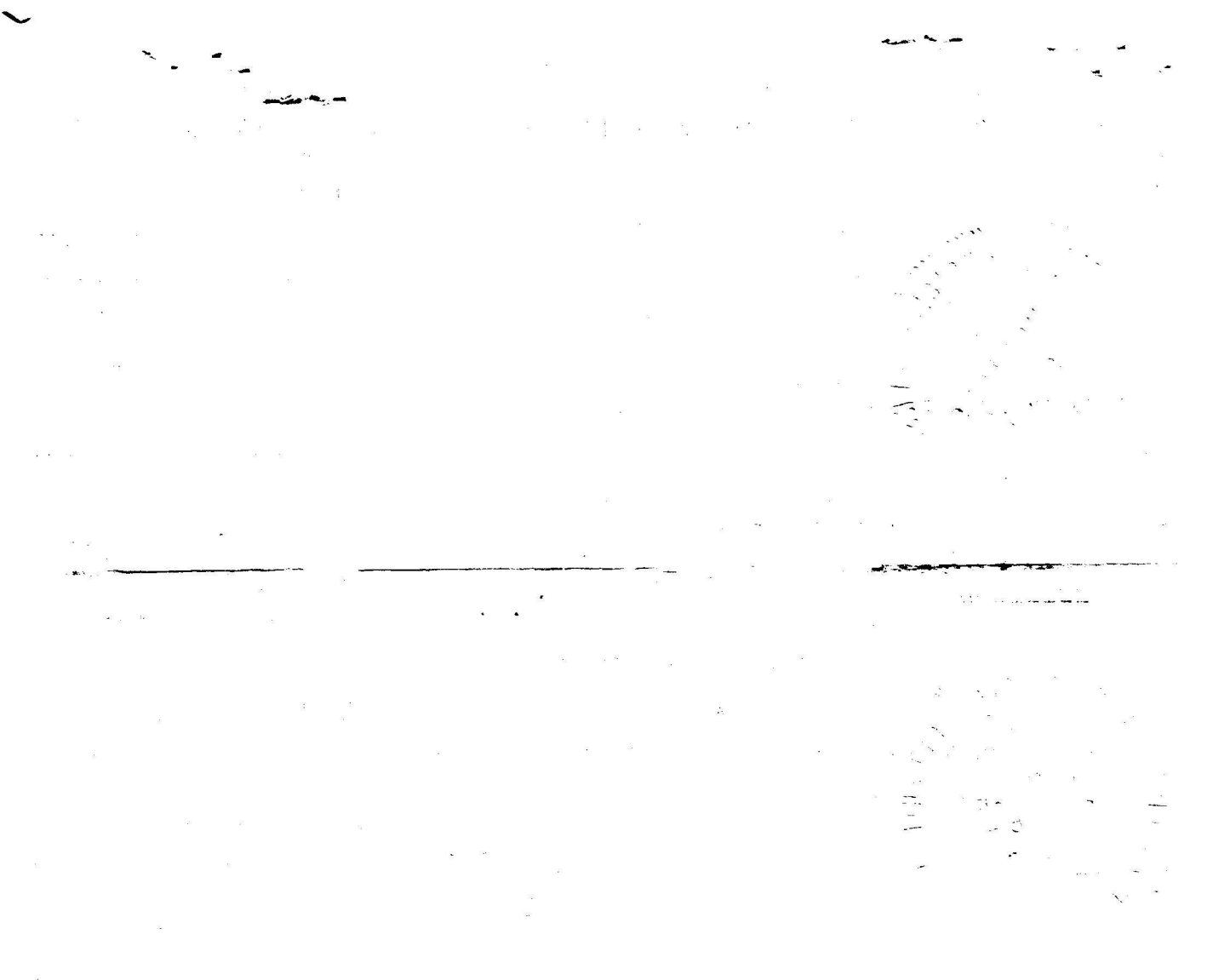
Subscribed and sworn to before me this 19, day of November, 1946.

W. L. Woods
Justice of the Peace
~~Notary Public~~, residing at Tehachapi, Calif.

My commission expires 1950
(Seal)

Signed Lucy L McDaniel
(Signature of Any Credible Person)

P.O.Box 319 Mojave, Calia.
(Street Address, City, State)



319 - 114-003-893

PLACE OF BIRTH

County of Bannock

City of Marsh Center

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12692

Primary Registration District No. 2047 Registered No. 95

FULL NAME OF CHILD Melvin Francis Parris

Sex of Child	Boy	**Twin, Triplet or other?** (To be answered only in event of plural births) and **Number in order of birth**	3	**Legitimate?**	Yes

Date of Birth Jan. 14 (Month) (Day) 1913 (Year)

FATHER		**MOTHER**	
FULL NAME	Joseph A. Parris	**FULL MAIDEN NAME**	Mandy Hickman
RESIDENCE	Marsh Center	**RESIDENCE**	Marsh Center
COLOR	White	**COLOR**	White
AGE AT LAST BIRTHDAY	26 (Years)	**AGE AT LAST BIRTHDAY**	21 (Years)
BIRTHPLACE	North Carolina	**BIRTHPLACE**	La Bell, N.C.
OCCUPATION	Farmer	**OCCUPATION**	Farmers wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Anna B. Jensen Marsh Center

Given names added from a supplemental report

_____ 19____

Ellis Kaseley Registrar

Filed April 10 19 13 Ellis Kaseley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319-114-003-492

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Marsh Center

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12693

Primary Registration District No. 2047 Registered No. 24

FULL NAME OF CHILD Ramond Dewy Parris

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy		4	Yes	Feb 14 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lebo F. Parris	FULL MAIDEN NAME	Mary E. Mike
RESIDENCE	Marsh Center	RESIDENCE	Marsh Center
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	45
BIRTHPLACE	Jackson N.C.	BIRTHPLACE	Jackson Co. N.C.
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 12 Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen

Midwife (Physician or midwife)

Address Anna B. Jensen, Marsh Center

Given names added from a supplemental report

..... 19.....

Ellis Kaercy Registrar

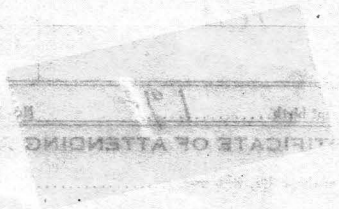
Filed April 20 1913 Ellis Kaercy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

284-109-003-363

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Marsh Center

No. ____ St.

Registration District No. 11 File No. 12694

Primary Registration District No. 2047 Registered No. 93

Hospital ____

FULL NAME OF CHILD Willis Lathers Shumway

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	Feb 9 1913

FATHER	MOTHER
FULL NAME: Andrew James Shumway	FULL MAIDEN NAME: Ivie Lathers
RESIDENCE: Marsh Center	RESIDENCE: Marsh Center
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Franklin Idaho	BIRTHPLACE: Eminence Mo.
OCCUPATION: Farmer	OCCUPATION: Farmer's Wife

Number of child of this mother, including present birth: 4 Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) on the date above stated., at 7 a. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jensen M.D. Midwife (Physician or midwife)

Address Anna B. Jensen Marsh Center Idaho

Given names added from a supplemental report

..... 19.....

Ellis Causey Registrar

Filed April 10 1913 Ellis Causey Registrar

S-Y CO. 20174

219-16-003465

PLACE OF BIRTH

County of Bannock

City of Marsh Center

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12696

Primary Registration District No. 2047 Registered No. 91

FULL NAME OF CHILD Hyrum Virgil Bair

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Boy	(To be answered only in event of plural births)	2	Yes	March 16 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Hyrum Bair	FULL MAIDEN NAME	Vida Jonson
RESIDENCE	March Center	RESIDENCE	Bountiful Utah
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Richmond Utah	BIRTHPLACE	Bountiful Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna B. Jenson
Mid Wife (Physician or midwife)

Address A. B. Jenson Marsh Center, Idaho

Given names added from a supplemental report

..... 19.....
Ellis Kaercly Registrar

Filed April 7 19 13 Ellis Kaercly Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each of each, in order of birth stated.

APR 13 1965

249 = 115-003-294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Downey

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12697

Primary Registration District No. 1026 Registered No. 117

FULL NAME OF CHILD ELWARD SIMPSON BURTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male				Jan 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	M J Burton	Mary C Simpson
RESIDENCE	Downey Idaho	Downey Ida
COLOR	W	White
AGE AT LAST BIRTHDAY (Years)	31	26
BIRTHPLACE	Beautiful Utah	Juskan Ida
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casperson and Casperson MD

(Physician or Midwife)

Address Downey, Idaho

Given names added from a supplemental report

....., 19.....

Filed Apr 13 1913

Registrar

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Department of Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

FULL NAME OF CHILD

SEX

THIS CHILD

TWIN

TRIPLET

(or other)

DATE OF BIRTH

(Month) (Day) (Year)

MOTHER

FATHER

COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

OCCUPATION

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss. JAN 26 19[illegible] Certificate No. 12697
County of Bannock } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Elward Simpson Burton (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on January 15, 1913 (DATE OF EVENT)
in Downey, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by church records (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 1913, January (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Burton	Elward Simpson Burton

Subscribed and sworn to before me this 23rd
day of January, 19 42

[illegible] Dickmore
Notary Public, residing at Downey, Idaho
My commission expires October 1, 1945
(SEAL)

Signed William F Burton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Downey, Idaho
4th East Street (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23rd
day of January, 19 42

[illegible] Dickmore
Notary Public, residing at Downey, Idaho
My commission expires October 1, 1945
(SEAL)

Signed Guy Curtis
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
3rd East Downey Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 26 1942 By
(REGISTRAR'S SIGNATURE)

JUL 13 1966

236-214-003-415

PLACE OF BIRTH

Amended 4/11/74

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 12698

No. ____, ____ St.

Primary Registration District No. 2026 Registered No. 116

Hospital ____

FULL NAME OF CHILD Leona Elizabeth Bloxham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	June 14, 1913

FATHER	MOTHER
FULL NAME: Fred Blackburn	FULL MAIDEN NAME: Essie Davis
RESIDENCE: Downey Idaho	RESIDENCE: Downey Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Marshvalley Ida	BIRTHPLACE: Akron Ohio
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Loud M.D.

(Physician or Midwife)

Address Downey Ida

Given names added from a supplemental report

....., 19.....

Ellis Kanley

Registrar

Filed June 14, 1913 Ellis Kanley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. P-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 11 11 42 AM '74

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12698

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Baby Bloxham (female) (Name on Original Certificate) who was born (Was Born or Died) on Jan. 8, 1913 (Date of Event)
in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Bloxham	Leona Elizabeth Bloxham
date of birth	Jan. 8, 1913	Jan. 14, 1913
place of birth	Downey	Woodland, Idaho

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at Boise, Idaho
My commission expires Jan. 1, 1977
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of April, 19 74.

Notary Public, residing at Boise, Idaho
My commission expires Jan. 1, 1977
(Seal)

April
Signed Chris R. Davis
(Signature of Any Credible Person)

1555 W. Franklin St. Boise, Idaho
(Street Address, City, State)

FORM DH 60-155 CL 2/25/74 nm

Blessing Certificate LDS Church Leona Elizabeth Bloxham born Jan. 14, 1913 mother Essie Davis father Fredrick Bloxham .

APR 11 1974

Viewed by VS

LDS Church Temple Recommend issued Oct. 21, 1954 by George Christensen Stake President for Leona Elizabeth Bloxham Stromberg born January 14, 1913. Viewed by VS

Amended 2-11-59

PLACE OF BIRTH

862-215-003-249

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Registration District No. 11 File No. 12699

Primary Registration District No. 2026 Registered No. 115

FULL NAME OF CHILD Laura Hobbs
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	January 15, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: William R. Hobbs	FULL MAIDEN NAME: Henrietta Louise Smith
RESIDENCE: Downey, Ida.	RESIDENCE: Downey, Ida.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 33 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Franklin, Idaho	BIRTHPLACE: Brigham City, Utah
OCCUPATION: Clerk	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Pond, M.D.
(Physician or midwife)

Address Downey, Idaho

Give names added from a supplemental report.

....., 192.....

.....Ellis Kackley.....
Registrar.

Filed April 10, 1913 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

L.D.S. Church Record gives correct information for all items to be corrected - viewed by V.S. April 7, 1913.

other documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12699

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Baby Hobbs (Name on Original Certificate) who born (Was Born or Died) on January 20, 1913 (Date of Event) in Downey, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child - & Sex	Baby Hobbs - Male	Laura Hobbs - Female
Date of Birth	January 20, 1913	January 15, 1913
Full Maiden Name of Mother	Henretta Smith	Henrietta Louise Smith

Subscribed and sworn to before me this 19 day of February, 1913

Notary Public, residing at Brigham City Utah
My commission expires 11-1-53
(Seal)

Signed Henrietta Hobbs Kelly
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

63 So. 4th W. Brigham City, Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of August, 1952

Notary Public, residing at S.L.C., Utah
My commission expires .....
(Seal)

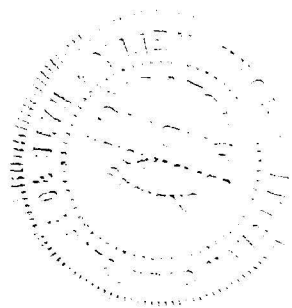
Signed Mable Smith Wenison
(Signature of Any Credible Person)

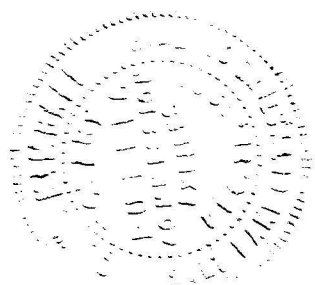
1615 East 3350 So. Salt Lake City, Utah
(Street Address, City, State)

FORM DPH 55.155 CL 7-28-58. nm

Certificate of Promotion from Elementary Schools to High School, Preston, Idaho - May 14, 1926 - gives name as Laura Hobbs - viewed by V.S.

State of Washington drivers License, expires january 15, 1959 gives birthdate as Jan. 15, 1913 license # 1003482 - viewed by V.S. name given as Laura Richards. also sex as Female -
Family Record, Appears old, gives mother's name as Henrietta Louise Smith - viewed by V.S.





MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Downey

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12699

Primary Registration District No. 2026 Registered No. 115

FULL NAME OF CHILD Baby Hobbs

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	Jan 20 1913

FATHER		MOTHER	
FULL NAME	Wm. P Hobbs	FULL MAIDEN NAME	Henrietta Smith
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	33 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Brigham City Utah
OCCUPATION	Clerk	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W Lauritzen M.D.

(Physician or Midwife)

Address Downey Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaercy

Registrar

Filed June 19, 1913 Ellis Kaercy

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

FEB 11 1959

FEB 25 1969

632-221-003-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. ____, ____ St.

Hospital ____

Registration District No. 11 File No. 12700

Primary Registration District No. 3046 Registered No. 114

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				January 21 1913

FATHER		MOTHER	
FULL NAME	Nephi Olsen	FULL MAIDEN NAME	Katie Hawkins
RESIDENCE	Marsh Center	RESIDENCE	Marsh Center
COLOR	W	COLOR	
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Weston Ida	BIRTHPLACE	Marsh Center, Ida
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Taylor M.D.

(Physician or Midwife)

Address Downey Idaho

Given names added from a supplemental report

____, 19____

Eelis Kaseys

Registrar

Filed Feb 10, 1913 Eelis Kaseys

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 2 7 1974

295-104-003-50+

[redacted] PLACE OF BIRTH [redacted]

County of Bannock

City of Downey

No ____, ____ St.

Hospital ____

CERTIFICATE OF BIRTH

Registration District No 11 File No. 12701

Primary Registration District No 2446 Registered No. 113

FULL NAME OF CHILD Maria Kingsford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	twin	2d	yes	Jan 4 1913

FATHER	MOTHER
FULL NAME Wm Kingsford	FULL MAIDEN NAME Lucile VanLeuven
RESIDENCE Downey Ida	RESIDENCE Downey Ida
COLOR W AGE AT LAST BIRTHDAY 34 (Years)	COLOR W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Franklin Ida	BIRTHPLACE Bingham Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1409 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl Woodland M.D.

(Physician or Midwife)

Address Downey, Idaho

Given names added from a supplemental report

....., 19....

Ellis Kasey Registrar

Filed Feb 19 1913 Ellis Kasey Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. H-C—10m-3-7-41

REVISED FOR BINDING

INK—THIS IS A PERMANENT RECORD

Registrar

295 - 104-003-575

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated

PLACE OF BIRTH

Form V. S. No. 1340—Rev. 6-11-42

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

No. ....., ... St.

Registration District No. 11 File No. 12702

Primary Registration District No. 2046 Registered No. 112

Hospital .....

FULL NAME OF CHILD Marion Kingsford

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	twin (To be answered only in event of plural births)	1st	yes	June 4, 1913

FATHER		MOTHER	
FULL NAME	Wm Kingsford	FULL MAIDEN NAME	Luella Van Leuven
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	White	COLOR	
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Franklin Ida	BIRTHPLACE	Brigham Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or ~~stillborn~~) at 1.30 a. m. on the date above stated.

(Signature) Casper W. Lund M.D.

(Physician or Midwife)

Address Downey Idaho

Filed Apr. 19, 1913 Ellis Nackley Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m 8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE SECTION must be made for each and the number of each in order of birth stated

NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY (Years)

MAIDEN NAME

RESIDENCE

COLOR

AGE AT LAST BIRTHDAY

168-222-003-955.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. B-0-100,000

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No 11 File No. 12703

No ....., ... St.

Primary Registration District No. 2046 Registered No. 111

Hospital .....

FULL NAME OF CHILD Leona Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female				Jan 12 1913

FATHER		MOTHER	
FULL NAME	Leo V. Johnson	FULL MAIDEN NAME	Linnie Rees
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Spring Valley Utah	BIRTHPLACE	Redville Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) at 9 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Leo V. Johnson M.D.

(Physician or Midwife)

Address Downey Idaho.

Given names added from a supplemental report

....., 19.....

Ellis Kaseley

Registrar

Filed April 9, 1913 Ellis Kaseley

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

K

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—10m-8-7-11

NOV 20 1970

FEB 1 1971

12703

FATHER	MOTHER
FULL NAME	FULL MAIDEN NAME
RESIDENCE	RESIDENCE
COLOR	AGE AT LAST BIRTHDAY
AGE AT LAST BIRTHDAY	COLOR

789-228-003-619

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 12704

No. ____ St.

Primary Registration District No. 2046 Registered No. 100

Hospital ____

FULL NAME OF CHILD Hazel Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	March 28 1913

FATHER	MOTHER
FULL NAME: Daniel J. Phillips	FULL MAIDEN NAME: Rebecca Ware
RESIDENCE: Downey	RESIDENCE: Downey
COLOR: w	COLOR: w
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Logan Utah	BIRTHPLACE: Downey Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Landon

(Physician or ~~midwife~~)

Address Downey Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

Filed April 16 1913 Ellis Kaney Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 4 1974

456 - 2W-003-366

PLACE OF BIRTH

County of Bannock

City of Downey

No. ..... St.

Hospital .....

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12705

Primary Registration District No. 2046 Registered No. 22

FULL NAME OF CHILD Mary Dewey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Nov. 11 1913

FATHER		MOTHER	
FULL NAME	Furley Dewey	FULL MAIDEN NAME	Vera Coffin
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Downey	BIRTHPLACE	Downey
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Sandmeyer M.D.

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaercy
Registrar

Filed April 10, 1913 Ellis Kaercy
Registrar

8-Y CO. 20174

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

K

JUL 17 1972

DFL 07-90204

366-204-003-785

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon Co

City of Downey

Registration District No. 11

File No. 12706

No. ____ St.

Primary Registration District No. 2046

Registered No. 98

Hospital ____

FULL NAME OF CHILD Lois May Coffin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
f			yes	month 4 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Daniel Coffin	FULL MAIDEN NAME	Stella Pinel
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Downey Idah	BIRTHPLACE	Lawrence, Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 a. m. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carpenter Caldwell

(Physician or ~~midwife~~)

Address Downey

Given names added from a supplemental report

19 ____

Ellis Barclay
Registrar

Filed April 16 1913

Ellis Barclay
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

795-119-003-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Turner

Registration District No. 11

File No. 12707

No. ____ St.

Primary Registration District No. 2048

Registered No. 88

Hospital ~~xxxxxxxxx~~

FULL NAME OF CHILD ~~xxxxxxxxx~~ Green LAWRENCE GREENE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Woodbourne Platt Greene	Bertha Bennett
RESIDENCE	Turner - Idaho	Turner - Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	29
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John H. Hubbard

(Physician or midwife)

Address Grace Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaufly Registrar

Filed April 10, 1913 Ellis Kaufly Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Salt Lake }

FEB 14 19[illegible]

Certificate No 2707

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Lawrence Greene (Name on Original Certificate) who was born (Was Born or Died) on March 19th 1913 (Date of Event)
in Turner - Bannock Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	John Green	Lawrence Greene
name of father	Moulbourne P. Green	Moulborne Platt Greene

Subscribed and sworn to before me this 13th
day of February, 19 42.

Notary Public, residing at Salt Lake City.

My commission expires
(Seal)

Signed Ena B Greene
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person~~.)

3394 So 3rd East.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

FEB 1 1948

FEB 1 1948

249 - 210
003 - 433
Amended 9-12-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12708
Local Reg. No. 90
Reg. Dist. No. 11

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Turner
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Turner
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Opal
b. (Middle):
c. (Last): Smith

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): Feb. 10, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle): Rufus
c. (Last): Smith

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Brigham City, Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hannah
b. (Middle): May
c. (Last): McLain

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Fairview, Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Ellen Egbert

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Turner, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 10, 1913

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...ITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

JUN 12 1967

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 12708

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Opel Smith (Name on Original Certificate) who was born (Was Born or Died) on Feb. 10, 1913 (Date of Event)

in Turner, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Opel Smith	Opal Smith
Full Name of Father	Ruffus Smith	William Rufus Smith
Father's Birthplace	Smithfield, Utah	Brigham City, Utah
Mother's Maiden Name	McClain	McLain
Mother's Age (at time of this child's birth)	30	24-23

Subscribed and sworn to before me this JUN 5 1967 day of ....., 19....

Signed x Hannah McSmith

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Grace Idaho

My commission expires 6-12-70

(Seal)

Grace, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this JUN 5 1967 day of ....., 19....

Signed x Melva S Stoddard

(Signature of Any Credible Person)

Notary Public, residing at Grace Idaho

My commission expires 6-12-70

(Seal)

Grace, Idaho (Street Address, City, State)

FORM DH 60-155

CL 5-29-67. one copy pd.

L.D.S. Church Certificate of Blessing, May 4, 1913 gives full name as Opal Smith, daughter of William Rufus Smith and Hannah M. McLain, born Feb. 10, 1913 at Turner, Idaho - viewed by V.S.

L.D.S. Church Certificate of ~~Blessing~~ Baptism, May 31, 1902 gives full name as Hannah May Smith, daugher of David W. McLain and Mary E. Egbert, born April 11, 1889 at Fairview, Idaho - Smith is married name - viewed by V.S.

Father's Death Cert. on file: (Idaho Death) #86523 gives full name as William Rufus Smith, ~~ded~~ died M Nov. 10, 1933 at Grace, Idaho - born Dec. 7, 1880 at Brigham City, Utah - wife's name is given as Hannah McLain Smith - viewed by V.S.

L.D.S. Church Certificate of Baptism and Confirmation, July 2, 1921 gives full name as Opal Smith, daughter of W. Rufus Smith and Hannah May McLain, born Feb. 10, 1913 at Turner, Idaho - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-1.

PLACE OF BIRTH

County of Bannock

City of Tusner

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12708

Primary Registration District No. 2048 Registered No. 90

FULL NAME OF CHILD Opel Smith

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day), 1913 (Year)
female		yes	Feb 14

FATHER	MOTHER
FULL NAME Rufus Smith	FULL MAIDEN NAME Hannah May McClain
RESIDENCE Tusner	RESIDENCE Tusner
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
COLOR White	AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Smithfield Utah	BIRTHPLACE Garrison Idaho
OCCUPATION farmer	OCCUPATION house Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 4 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaercy Registrar

S-Y CO., 16670

(Signature) Ellen Egbert

Midwife (Physician or Midwife)

Address Tusner Bannock Co Idaho

Filed April 16 1913 Ellis Kaercy Registrar

APR 26 1967

SEP 12 1967

JAN 31 1975

962-229-003-252

Amended 11-24-70

Form V. S. No. 11-C—10m-8-7-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Bannock

City of Alexander

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12709

Primary Registration District No. 2048 Registered No. 83

FULL NAME OF CHILD Vivian Lucille Robinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
F	—	—	yes	March (Month) 29 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Fred Robinson	FULL MAIDEN NAME	Ethel Kessler
RESIDENCE	Alexander	RESIDENCE	Alexander
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Utah
OCCUPATION	Rancher	OCCUPATION	wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kawley

(Physician or ~~Midwife~~)

Address Soda Springs, Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kawley Registrar

Filed Apr 10, 1913 Ellis Kawley Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Amended 11-21-70

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—10m

3-9-70

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

Affidavit to Correct or Amend An Original Certificate of Birth or Death

NOV 4 - 1970

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 12709

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Norma Robinson (Name on Original Certificate) who was born (Was Born or Died) on March 28, 1913 (Date of Event)

in Alexander, Ida/ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Childs name	Norma Robinson	Vivian Lucille Robinson
Date of birth	March 28, 1913	March 29, 1913

Subscribed and sworn to before me this 27 day of October, 1970

Notary Public, residing at Grace, Idaho

My commission expires March 18, 1973

(Seal)

Signed Upton O. Robinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

RFD Grace, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Caribou }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of October, 1970

Notary Public, residing at Grace, Idaho

My commission expires March 18, 1973

(Seal)

Signed + Beatrice Bennett
(Signature of Any Credible Person)

RFD Grace, Idaho
(Street Address, City, State)

FORM DH 60-155

Correction corrup (R)

Family Bible Record written within 1st year of birth states name of child as Vivian Lucille Robinson born March 29, 1913. Father Fred David Robinson and Mother Ethel Sophia Kessler.
Viewed by V.S.

NOV 25 1970

Church Certificate of birth recorded Aug 28, 1933 gives name as Vivian L. Robinson born March 29, 1913. Baptized 1933. Father Fred D. Robinsonand Mother Ethel Kesler.
Viewed by V.S.

293-229-003-685

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock Idaho

City of Iago

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12710

Primary Registration District No. 2048 Registered No. 110

FULL NAME OF CHILD Leuman leuman mary Billingsley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl				mar 29 Odordor 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Calven W Billingsley	FULL MAIDEN NAME	Vella mary winzell
RESIDENCE	Iago Idaho	RESIDENCE	Iago Idaho
COLOR	white	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	33 1913	AGE AT LAST BIRTHDAY (Years)	23 1913
BIRTHPLACE	Clarke Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Marya Turner

(Physician or midwife)

Address Iago Idaho

Given names added from a supplemental report

..... 19..

Ellis Kaseley Registrar

Filed April 19 1913 Ellis Kaseley Registrar

S-Y CO. 20174

DUP OF 1913 - 291123

249-116-003-5-75

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Thatcher

No. Idaho St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12711

Primary Registration District No. 2048 Registered No. 109

FULL NAME OF CHILD Wilbur E Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Boy		yes	Feb 16 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Lyncell Smith	FULL MAIDEN NAME	Ethel Egebert
RESIDENCE	Thatcher Idaho	RESIDENCE	Thatcher Idaho
COLOR	white	COLOR	wht
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	farmer	OCCUPATION	Wife farmer

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~), at 2 h M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Farmer

(~~Physician or~~ midwife)

Address Lago Idaho

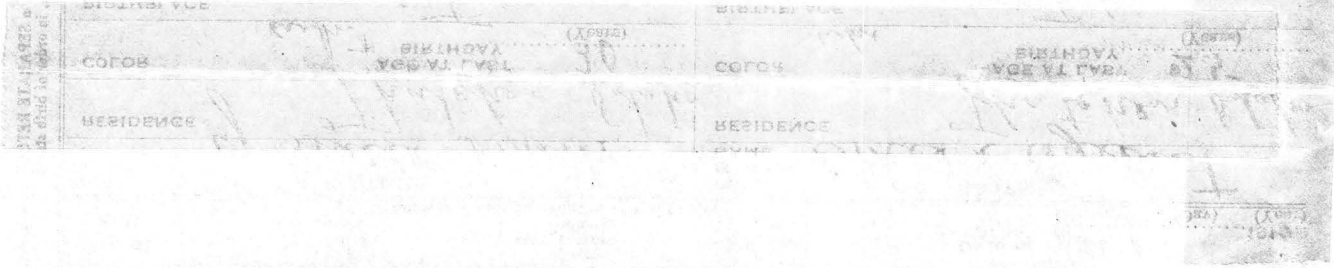
Given names added from a supplemental report

19

Ellis Kaseley Registrar

Filed April 10, 1913 Ellis Kaseley Registrar

S-Y CO. 20174



366-121-003-255

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Grace

Registration District No. 11

File No. 12712

No. ____ St.

Primary Registration District No. 2048

Registered No. 86

Hospital Alfred Baby

FULL NAME OF CHILD Joan Conrad B

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes.	Mar 21 1913

FATHER		MOTHER	
FULL NAME	A Joan	FULL MAIDEN NAME	Nellie Bennett
RESIDENCE	Grace Idaho	RESIDENCE	Grace
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5-40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Hubbard M. D.

(Physician or midwife)

Address Grace - Idaho

Given names added from a supplemental report

..... 6 ..... 19.....

Ellis Kackley Registrar

Kackley

Filed April 10 1913 Ellis Kackley Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

659-129-003-666

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. N. C. 1—Rev. 8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No. ....., ... St.

Hospital .....

Registration District No. 11 File No. 12713

Primary Registration District No. 2048 Registered No. 84

FULL NAME OF CHILD ..... Frederick Robert Woodall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—	—	Yes	March 29, 1913

FATHER	MOTHER
FULL NAME: Fred Frederick	FULL MAIDEN NAME: Louisa Woodall
RESIDENCE: Soda Springs	RESIDENCE: Soda Springs
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 38 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Michigan	BIRTHPLACE: Idaho
OCCUPATION: Bank Clerk	OCCUPATION: Wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 2 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kinsley

..... (Physician or ~~Midwife~~)

Address Soda Springs

Given names added from a supplemental report

....., 19.....

Ellis Kinsley Registrar

Filed April 10, 1913 Ellis Kinsley Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

STATE OF IDAHO

Vital Statistics

CERTIFICATE OF BIRTH

File No.

Registered No.

PLACE OF BIRTH

County of Caribou)
: ss.
State of Idaho)

Dr. Ellis Kackley being first duly sworn, deposes and says: that he was the attending physician at the birth of John Alois Ferebauer and also the attending physician at the birth of Robert Woodall Ferebauer; That the said John Alois Ferebauer was born August 10, 1910; That the said Robert Woodall Ferebauer was born March 23, 1913.

Ellis Kackley M.D.
Ellis Kackley M.D.

Subscribed and sworn to before me this 9th day of July, 1941.

Colin Chester Clerk of District Court
~~Notary Public~~, residing at
Soda Springs, Idaho.

My commission expires Dec 31, 1942

27/41

FEB 24 1953

RECEIVED

JUL 1

ed States
rtment of Commerce
au of Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No. 17 713
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH
(a) County Caribou (b) City Soda Springs
Street Address or R.F.D.No. none
Name of Hospital or Maternity Home: none
Mother's stay BEFORE delivery: In Hosp. or Mat. Home ... days. IN THIS county 27 years 6 month 23 days

2. USUAL RESIDENCE of MOTHER (At time of this birth)
(a) State Idaho (b) County Caribou
(c) City Soda Springs
(d) Street Address or R.F.D.No. none
(e) How long has MOTHER lived in Idaho? 27 yrs
(f) Mother's mailing address Idaho Falls, Ida
3. RESIDENCE of FATHER (city, state) deceased

FULL NAME OF CHILD Robert Woodall Ferebauer
5. Date of Birth (Month, day year) Mar.23,1913
6. Sex Male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnancy 9
9. Legitimate? Yes

FATHER OF CHILD

FULL NAME John Ferebauer
Color or Race White
12. Age at time of THIS birth 36 yrs.
Birthplace Detroit, Mich. (City or town) (State or foreign country)
Exact Occupation accountant
Industry or Business stock raising

MOTHER OF CHILD

16. FULL MAIDEN NAME Louise Winifred Woodall
17. Color or Race White
18. Age at time of THIS birth 28 yrs
19. Birthplace Soda Springs, Idaho (City or town) (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business none

Name prophylactic used to prevent Ophthalmia Neonatorum Nitrate of Silver
Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2
(c) Born alive and now dead none (d) Stillborn none

I HEREBY CERTIFY That I attended the birth of this child, who was Alive at 9 P. M. on the dat
(born alive, stillborn)
and at the place stated above, and that personal particulars were furnished by Louise Woodall Ferebauer who
(First name) (Last name)
related to this child as Mother
(Mother, etc.)

RECEIVED
(a) JUL 1 1941 (b)
(Date received) (Registrar's signature)
Given name added on ... by ...
(Registrar's signature)

25. Attendant's OWN signature Ellis Mackley M.D.
(D.O., Midwife, etc)
and address Soda Springs, Idaho Date 6-30-41

7/27/4

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or gaurdian, or some person having direct knowledge in the premises.

294-120-003-212

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Dempsey

No. ____, ____ St.

Hospital ____

Registration District No. 11

Primary Registration District No. 2048

File No. 12714

Registered No. 108

FULL NAME OF CHILD Eldon Kid

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
boy		6	Yes	2, 20, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Kid	Sarah E Baker
RESIDENCE	Dempsey Idaho	Dempsey Idaho
COLOR / AGE AT LAST BIRTHDAY (Years)	White / 33	White / 30
BIRTHPLACE	Scotland	Utah
OCCUPATION	Farmer	wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive Male born on the date above stated. (Born alive or stillborn) at 8 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Toone

Midwife
(Physician or Midwife)

Address Dempsey Ida

Given name added from a supplemental report

[redacted] 19 13

Filed [illegible] 19 13

Registrar

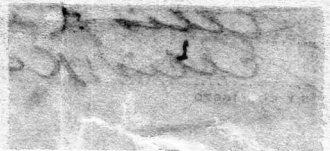
Registrar

BY CO. 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



574-216-003-363

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Topaz

Registration District No. 11

File No. 12715

No. ____, ____ St.

Primary Registration District No. 1648

Registered No. 107

Hospital

FULL NAME OF CHILD Allie Exum

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Girl			Yes	Feb 16, 1913

FATHER

FULL NAME	Oliver Exum
RESIDENCE	Topaz Idaho
COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Missouri
OCCUPATION	Rancher

MOTHER

FULL MAIDEN NAME	Allie Tolman
RESIDENCE	Ida
COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho
OCCUPATION	wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

S-Y CO., 18670

(Signature) Amy Toone

Midwife

(Physician or Midwife)

Address Dempsey Idaho

Filed Feb 19, 1913 Ellis Kaney Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 18 1967

466-212-003-381

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12716

Primary Registration District No. 2048 Registered No. 105

FULL NAME OF CHILD Edna Dowdle

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Mar 12 1913

FATHER		MOTHER	
FULL NAME	Robert H Dowdle	FULL MAIDEN NAME	Lydia B. Chapman
RESIDENCE	Bancroft	RESIDENCE	Bancroft
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Carpenter	OCCUPATION	wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9:20 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D R Smith

(Physician or midwife)

Address Bancroft, Ida.

Given names added from a supplemental report

..... 19.....

Ellis Kacey Registrar

Filed April 10, 1913 Ellis Kacey Registrar

S-Y CO. 20174

369-105-003-356

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12717

Primary Registration District No. 2048 Registered No. 104

FULL NAME OF CHILD Elvin Everett Cornelison

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	Mar 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ezra Cornelison	Ethel Lewis
RESIDENCE	Bancroft	Bancroft
COLOR	w	w
AGE AT LAST BIRTHDAY (Years)	25	16
BIRTHPLACE	North Carolina	Idaho
OCCUPATION	Lineman	Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. R. J. Smith

(Physician or midwife)

Address Bancroft, Ida

Given names added from a supplemental report

....., 19.....

Ellis Kasley
Registrar

Filed April 10, 1913 Ellis Kasley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 2 1962

313-216-003-553

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ____ St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12718

Primary Registration District No. 2048 Registered No. 103

FULL NAME OF CHILD Norma Call

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			Yes	Mar 16 1913

FATHER		MOTHER	
FULL NAME	A Gaius Call	FULL MAIDEN NAME	Annie M Nelson
RESIDENCE	Chesterfield	RESIDENCE	Chesterfield
COLOR	w	COLOR	w
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Chesterfield	BIRTHPLACE	Deer Lake Cy.
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 1 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D H Robuck

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaercy
Registrar

Filed April 16 1913

Ellis Kaercy
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1-0—Rev. 8-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

154-215-003-168

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Central

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12719

Primary Registration District No. 2048 Registered No. 102

FULL NAME OF CHILD Alice Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Mar 15 1913

FATHER		MOTHER	
FULL NAME	Gustaf E Anderson	FULL MAIDEN NAME	Sophia Johnson
RESIDENCE	Central	RESIDENCE	Central
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Farming	OCCUPATION	Wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D R J Smith

(Physician or midwife)

Address Preston, Ida

Given names added from a supplemental report

..... 19.....

Ellis Kaney Registrar

Filed April 9 1913 Ellis Kaney Registrar

B-Y CO. 20174

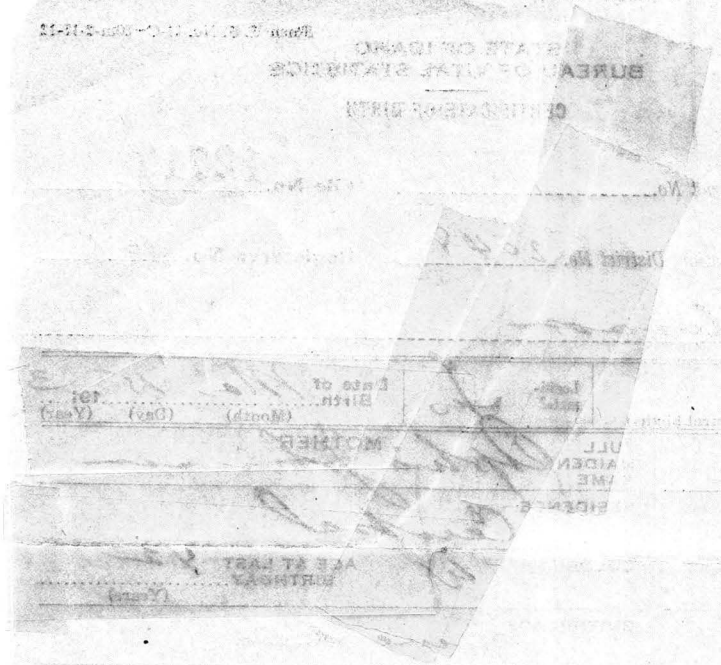
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JAN 3 1973



669-116-003-265

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12720

County of Bannock

City of Pocatello

Registration District No. 11 File No.

No. St.

Primary Registration District No. 2048 Registered No. 101

Hospital

FULL NAME OF CHILD John A Foster Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	March 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Foster	Ora Swenson
RESIDENCE	Pocatello Ida	Pocatello Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	29	22
BIRTHPLACE	Idaho	Denmark
OCCUPATION	Farming	Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. W. Smith

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

..... 19.....

Ellis Kasey
Registrar

Filed April 10, 1913 Ellis Kasey
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

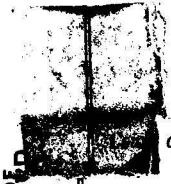
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m 6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH



235-216-016-493

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

of Canyon

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 12721

Primary Registration District No. 2176 Registered No. 31

FULL NAME OF CHILD Steven

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb 16 1913

FATHER		MOTHER	
FULL NAME	Rex Stevens	FULL MAIDEN NAME	Annie Whitwood
RESIDENCE	Basin	RESIDENCE	Basin
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Wilcox

(Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Mch 20 1913 L. B. Stanbridge

Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

TE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT REC

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each. And the number
of each, in order of birth, stated.

263-208-66-613

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12722

Primary Registration District No. 2176 Registered No. 38

FULL NAME OF CHILD Boy Bolinder

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb 9 1913

FATHER		MOTHER	
FULL NAME	Alonzo Bolinder	FULL MAIDEN NAME	Nannie Walker
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	AGE AT LAST BIRTHDAY (Years)	34
COLOR	white	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Housework

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (or stillborn), at 7 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. C. Nelson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 25 1913 L. B. Stoddard

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-186-016-213

Amended 6/9/78

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12724

Primary Registration District No. 216 Registered No. 40

FULL NAME OF CHILD Kendall Earl Dayley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Jan 16 1913

FATHER		MOTHER	
FULL NAME	Newell Dayley	FULL MAIDEN NAME	Viola Cole
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Deputy Sheriff	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 20 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. D. Tilson (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed Mch 20 1913 H. D. Stockdale
Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12724

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Dayley (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 16, 1913 (Date of Event)
in Oakley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Kendall Earl Dayley

Subscribed and sworn to before me this 9th day of
June, 1918
Florence Cartright
Notary Public, residing at Boise
My commission expires Lifetime
(Seal)

Signed Blanche Dayley
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Box 153 Oakley, Idaho 83346
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

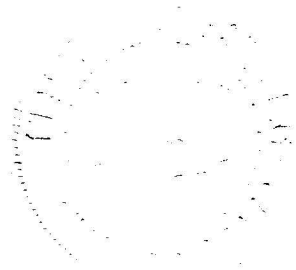
.....
(Street Address, City, State)

FORM DH 60-155

Own child's birth cert f on file in Idaho #418324 Ruth Ann Dayley born Mar 23, 1946. gives father's name as Kendall Earl Dayley. viewed by V. S.

JUN 9 1978

Marriage record from Utah gives names as Kendall Earl Dayley and Blanche Gayle Peck. dated Jan 26, 1937. viewed by V. S.



299 - 113 - 016 - 432

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 12725

Primary Registration District No. 216 Registered No. 41

FULL NAME OF CHILD Birch

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Jan 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Albert Birch	Alice McBride
RESIDENCE	Oakley	Oakley
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. F. Nielson
(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 20 19 13 L. B. Bowdidge
Registrar

.....
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-108-016-599

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 12726

Primary Registration District No. 2176 Registered No. 42

FULL NAME OF CHILD Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
male			yes	Jan 5 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Judy Anderson	FULL MAIDEN NAME	Evelyn Corcoran
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. D. Thompson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 20 1913 C. B. Stockdale

Registrar

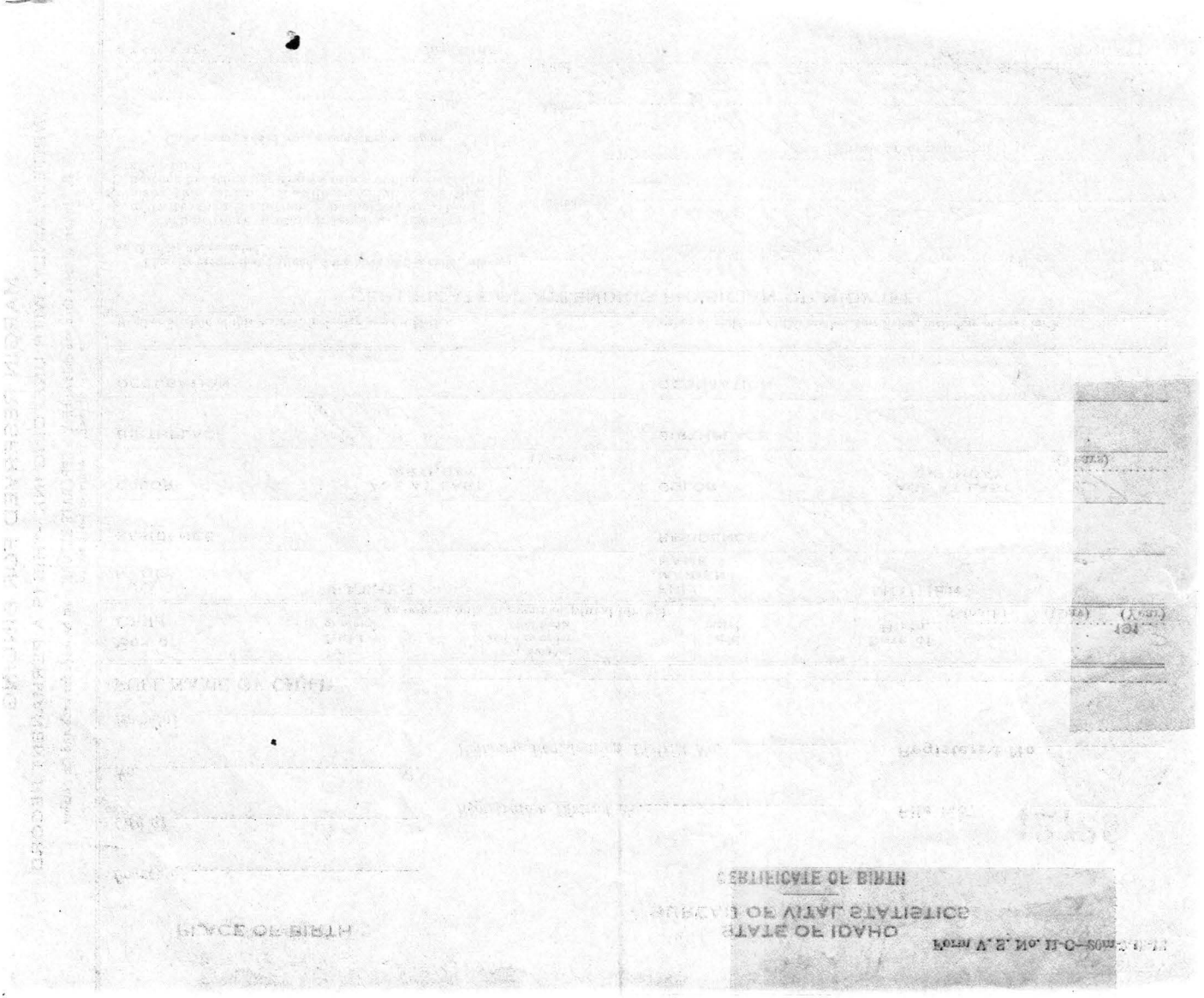
.....
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



962-117-016-141

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 31 File No. 12732

Primary Registration District No. 2176 Registered No. 27

FULL NAME OF CHILD Robertson

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Feb 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	L. A. Robertson	Addie Adamson
RESIDENCE	Caldwell	Caldwell
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Laborer	Housework

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Young

(Physician or midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed Mch 20 1913 L. B. Strickland

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

845-203-016-355

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12733

Primary Registration District No. 2176 Registered No. 48

FULL NAME OF CHILD Hunter, Ruth Alys

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	March 3 1913

FATHER		MOTHER	
FULL NAME	Edward Hunter	FULL MAIDEN NAME	Nettie Stewart
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Miller

(Physician or midwife)

Address Oakley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Mch 20 1913 L. B. Hawkes

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

JUL 23 1954

OCT 10 1962

285 - 225-016-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell or

No. _____ St.

Registration District No. 31 File No. 12734

Primary Registration District No. 2176 Registered No. 49

Hospital _____

FULL NAME OF CHILD Sheuer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph Sheuer	Jenkins
RESIDENCE	Marion	Marion
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	22
BIRTHPLACE	Washington	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. O. Nelson (Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 20 19 13 C. B. Stockdale Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

PLACE OF BIRTH Amended 1-30-57
238-22-4016-613

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Registration District No. 31 File No. 12735

Hospital ..... Primary Registration District No. 2126 Registered No. 50

FULL NAME OF CHILD Winifred Schiferl
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				Yes	Feb. 24 192 13

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

FATHER		MOTHER	
FULL NAME	William G. Schiferl	FULL MAIDEN NAME	Mabel Wallace
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Druggist	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. F. O. Nielson

M. D.
(Physician or midwife)

Address Oakley, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed March 20, 1913 192 L. B. Stockslager
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. 1 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12735

Primary Registration District No. 2176 Registered No. 50

FULL NAME OF CHILD Shipley

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		yes	Feb 27 1913

FATHER		MOTHER	
FULL NAME	Wm R Shipley	FULL MAIDEN NAME	Mabel Talbot
RESIDENCE	Oakley	RESIDENCE	Oakley
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Nebraska	BIRTHPLACE	Illinois
OCCUPATION	Druggist	OCCUPATION	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Nicholson

(Physician or midwife)

Address Oakley Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Mch 20 1913 L. B. Stokesberry
Registrar

6-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 1957

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Ada } ss.

Certificate No. 12735

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Shiferel (Name on Original Certificate) who was born (Was Born or Died) on Feb. 24, 1913 (Date of Event) in Oakley (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Marriage Certificate (Bible Record, Insurance Policy, Etc.) prepared on July 2 - 1930 (Give Date), are:
Daughters Cert. of Blessing & Baptism 1948 & 1940 Viewed by V. S.

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed Shiferel	Winifred Schiferl
Father's Last Name	Shiferel	Schiferl

Subscribed and sworn to before me this 30 day of Jan, 1957

Notary Public, residing at Meridian
My commission expires Aug. 3 - 1957
(Seal)

Signed Mabel N. Schiferl
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of Jan, 1957

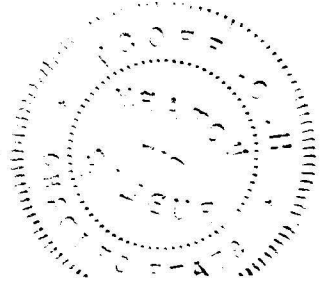
Notary Public, residing at Meridian
My commission expires Aug. 3 - 1957
(Seal)

Signed Thomas B. Wallentine
(Signature of Any Credible Person)

Meridian Idaho
(Street Address, City, State)

N. O. Ford.

FORM DPH 55-162



PLACE OF BIRTH

County of Bingham

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

City of Basin

Registration District No. 31

File No. 12736

No. ____ St.

Primary Registration District No. 2176

Registered No. 51

Hospital ____

FULL NAME OF CHILD Alpha Louise Weighall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Feb 23 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Weighall	Agnes Nell
RESIDENCE	Basin	Basin
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	28
BIRTHPLACE	Idaho	Washington
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. L. Oneda

(Physician or midwife)

Address Basin Idaho

Given names added from a supplemental report

....., 19.....

Filed Mch 20 1913 L. B. Sprecklemeyer

Registrar

.....

Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 1972

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 17 11 00 AM '72

State of Nevada } ss.
County of ELKO

Certificate No. 12736

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Weighall (Female) (Name on Original Certificate) who was born (Was Born or Died) on Feb. 23, 1913 (Date of Event)
in Basin, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Alpha Louise Weighall

Subscribed and sworn to before me this 15th day of May, 1972

Notary Public, residing at Elko

My commission expires July 24, 1975

(Seal)

CLEONE M. SCHWEER
Notary Public - State of Nevada
Elko County, Nevada
Commission expires July 24, 1975

Signed Mrs. Maida Fordice
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Blaine

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of May, 1972

Notary Public, residing at Hailey Idaho

My commission expires 5/20/74

(Seal)

Signed Hunter Nelson
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 5/1/72 nm

Certif. of Baptism and Confirmation from LDS Church dated April 5, 1953 gives name as Alpha Louise Smith daughter of Franklin Lawrence Weighall and Agatha Inez We Wells. Born ~~X~~ Feb. 23, 1913. Was Baptized March 22, 1953at Twin Falls, Idaho. Viewed by V. S.

JUN 2 1972

Birth certificate of daughter from Twin Falls County General Hospital gives name as Norma Jean Smith. Born Dec. 4, 1946. Gives father's name as Glenn G. Smith and the mother's name as Alpha Louise Weighal. Viewed b V. S.

432-121-016-314

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Cassia

City of Oakley

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 31 File No. 12737

Primary Registration District No. 2176 Registered No. 52

FULL NAME OF CHILD RALPH RODNEY McBride

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			Yes	Feb 7 1913 (Month) (Day) (Year)

FATHER

FULL NAME Ephraim McBride

RESIDENCE Oakley

COLOR White AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Idaho

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ida Campbell

RESIDENCE Oakley

COLOR White AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Utah

OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male (Born alive or Stillborn), at 3 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. McGaw

O. M. Dr. Oakley

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mch 20 1913 L. R. Stockslager Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah } ss.
County of Utah }

Certificate No. 12737

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH) for Unamed McBride (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on February 21, 1913 (DATE OF EVENT) in Oakley, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of [redacted] knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed McBride	Ralph Rodney McBride

Subscribed and sworn to before me this 25th day of March, 19 42

Notary Public residing at Provo Utah

My commission expires 4-25-45

(SEAL)

Signed Ephriam H. McBride

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

699 North 2nd West Provo Utah

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....

(SEAL)

Signed Ephriam H. McBride

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Charles W. Campbell

(STREET ADDRESS, CITY, STATE) Provo Ut.

Received for filing on ..... By Ralph Rodney McBride

(REGISTRAR'S SIGNATURE)

MAR 30 1942

-493

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31

File No. 12739

Primary Registration District No. 21 nl

Registered No. 57

FULL NAME OF CHILD Baby Girl Pearson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	March 29 1913

FATHER		MOTHER	
FULL NAME	J. V. Pearson	FULL MAIDEN NAME	Elsie Wells
RESIDENCE	Afton, Wyo.	RESIDENCE	Afton, Wyo.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	office clerk	OCCUPATION	

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Apr 4 1913 L B Shackelford

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued October 22, 1940. E.W.

719 - 210-006-000

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 12740

Primary Registration District No. 21 m Registered No. 17

FULL NAME OF CHILD Florence M. Parsons

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			Yes	March 10th 191?

FATHER		MOTHER	
FULL NAME	Jesse W. Parsons	FULL MAIDEN NAME	Mattie
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	51	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Indiana	BIRTHPLACE	Cal.
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 19 13 L. B. Hoethaler Registrar

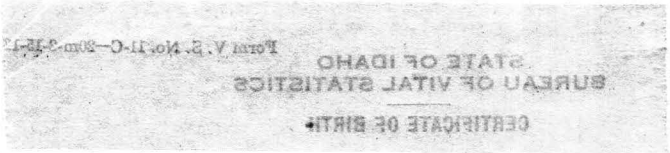
8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K


STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

JAN 25 1972

619-105-016-315

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ____ St.

Hospital ____

Registration District No. 31 File No. 12741

Primary Registration District No. 2124 Registered No. 76

FULL NAME OF CHILD TRUEMAN GRANT Farnsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	March 5th 1913

FATHER		MOTHER	
FULL NAME	B. W. Farnsworth	FULL MAIDEN NAME	Julia J. Lassfear
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 2.15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed April 19 13 D. B. Stoneburger

.....
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1953

381-116-016-212

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley — Registration District No. 31 — File No. 12742

No. ____ St. — Primary Registration District No. 21 26 — Registered No. V-7

Hospital ____

FULL NAME OF CHILD Lowell Chapman Baker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	March 16th 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	A. B. Chapman	FULL MAIDEN NAME	Hazel Baker
RESIDENCE	Burley, Idaho	RESIDENCE	
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.
(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

....., 19.....

Filed April 14 1913 P. B. Stockdale
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1942

AUG 30 1957

214-120-06-419

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12743
Local Reg. No. 31
Reg. Dist. No.

Amended 7/28/77

1. PLACE OF BIRTH

a. COUNTY: Cassia

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Burley

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Montana b. COUNTY:

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Butte

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Royal b. (Middle): Lawrence c. (Last): Kaufmann

4. SEX: Male

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 20, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Wm. b. (Middle): c. (Last): Kaufmann

8. AGE (At time of this birth): 26 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Mich.

10. USUAL OCCUPATION: Machinist

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Laurel b. (Middle): c. (Last): Marchant

13. AGE (At time of this birth): 23 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living?

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. C. Patterson. M. D.

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Burley Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Apr 4 1913

22. REGISTRAR'S SIGNATURE: L. B. Stockslager

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...ITAL STATISTICS, BOISE, IDAHO. ...THIN 10 days after the date of birth of the child. Address

366-120-006-449

Form V. S. No. 11-C—20m-4-[illegible]

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Cassia

City of Burley

No. ..... St.

Hospital .....

Registration District No. 31 File No. 12743

Primary Registration District No. 21 24 Registered No. 49

FULL NAME OF CHILD Coffman

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	3 - 20 - 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm Coffman	Laura Merchant
RESIDENCE	Butte Mont.	Butte, Mont
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Mich.	Utah
OCCUPATION	Machinist	

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M.D.

(Physician or midwife)

Address Burley, Idaho.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 19 13 L B Stockdale Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
JUN 13 1 51 PM '77

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12743

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Coffman (Male) (Name on Original Certificate) who was born (Was Born or Died) on March 20, 1913 (Date of Event)
in (Cassia Co.) Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Insurance policies (Bible Record, Insurance Policy, Etc.) prepared on 7-2-40 12-11-42 8-31-48 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
mother's name	Laura Marchant	Laurel Marchant
child's name	Unnamed Coffman	Royal Roy Lawrence Kaufmann
father's name	Wm. Coffman	Wm. Kaufmann

Subscribed and sworn to before me this 6th day of June, 19 77

Joy I. George

Notary Public, residing at Marin County, California

My commission expires .....
(Seal)

OFFICIAL SEAL
JOY I. GEORGE
NOTARY PUBLIC - CALIFORNIA
Principal Office in MARIN County
My Commission Expires Mar. 12, 1979

Signed Russell D Solomon
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

196 Benson Ave Valleja California 94590
(Street Address, City, State)

AFFIDAVIT OF A SECOND PERSON

[This Affidavit MUST Also be Executed. See Chapter 139, 1937 Idaho Session Laws.)]

State of California
County of Marin

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of June, 19 77

Joy I. George

Notary Public, residing at Marin County, California

My commission expires .....
(Seal)

Signed Jane Marchant Jacobsen
(Signature of Any Credible Person)

455 Ramona Ave Petaluma Calif
(Street Address, City, State)

OFFICIAL SEAL
JOY I. GEORGE
NOTARY PUBLIC - CALIFORNIA
Principal Office in MARIN County
My Commission Expires Mar. 12, 1979

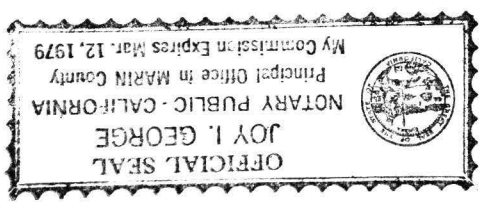
FORM DH 60-155

CL 5/23/77 ret'd $ 5 check

JUL 2 8 1977

Application to New York Life Ins. Co gives name as Royal Lawrence Kaufmann born Mar 20, 1913. ~~wife~~ father's name as Laurel Marchant Robinson and ~~child~~ father's name as Billie Laurel Kaufmann. ~~dax~~ dated July 2, 1940. viewed by V. S.

Certif of Baptsim and Confirmation from the LDS Church gives name as Royal Lawrence Kaufmann son of W. A. Kaufman and Laurel Marchant. born March 20, 1913 in Burley Idaho. Baptized Dec 1, 1929. viewed by V. S.



365-225-016-313

PLACE OF BIRTH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—10m-8-15-22

CERTIFICATE OF BIRTH

12744

County of Cassia

City of Burley

Registration District No. 31

File No. 1744 AA

No. ..... St.

Primary Registration District No. 2124

Registered No. 38

Hospital .....

FULL NAME OF CHILD Bernice Lovelace

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	March 25th 1913

FATHER		MOTHER	
FULL NAME	J. H. Lovelace	FULL MAIDEN NAME	Agnes Caldwell
RESIDENCE	Burley, Idaho	RESIDENCE	Burley, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Machinist	OCCUPATION	

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. C. Patterson M. D.

(Physician or midwife)

Address Burley, Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 4 1913 D. B. Shuebrook

Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 29 1950

JUN 20 1951

719-130-016-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Cassia

City of Burley

No ____, ____ St.

Hospital ____

Registration District No 31 File No. 12745

Primary Registration District No 21 Registered No. 60

FULL NAME OF CHILD ~~Infant~~ ELMER MERN PARKE

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 — 30 — 1913

FATHER	MOTHER
FULL NAME: Anson Parke	FULL MAIDEN NAME: Julia Harris
RESIDENCE: Marshfield	RESIDENCE: Marshfield
COLOR: W	COLOR:
AGE AT LAST BIRTHDAY: 34 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 7

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. P. Story M.D.

(Physician or Midwife)

Address Burley Idaho

Given names added from a supplemental report

....., 19.....

Filed April 19 13 L. A. Stockwell

Registrar

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 12745

State of Idaho }
County of Cassia } ss.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elmer Mern Parke (Name on Original Certificate) who was born (Was Born or Died) on March 30-1913 (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by My recollection and D. his mother but no formation (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Elmer Mern Parke

Subscribed and sworn to before me this 13
day of August, 1942

Signed Mrs Julia Parke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

D. W. Thomas
Notary Public, residing at Burley, Ida

My commission expires June 14 1945
(Seal)

Box 126, Declo, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Signed
(Signature of Any Credible Person Other Than Previous Year)

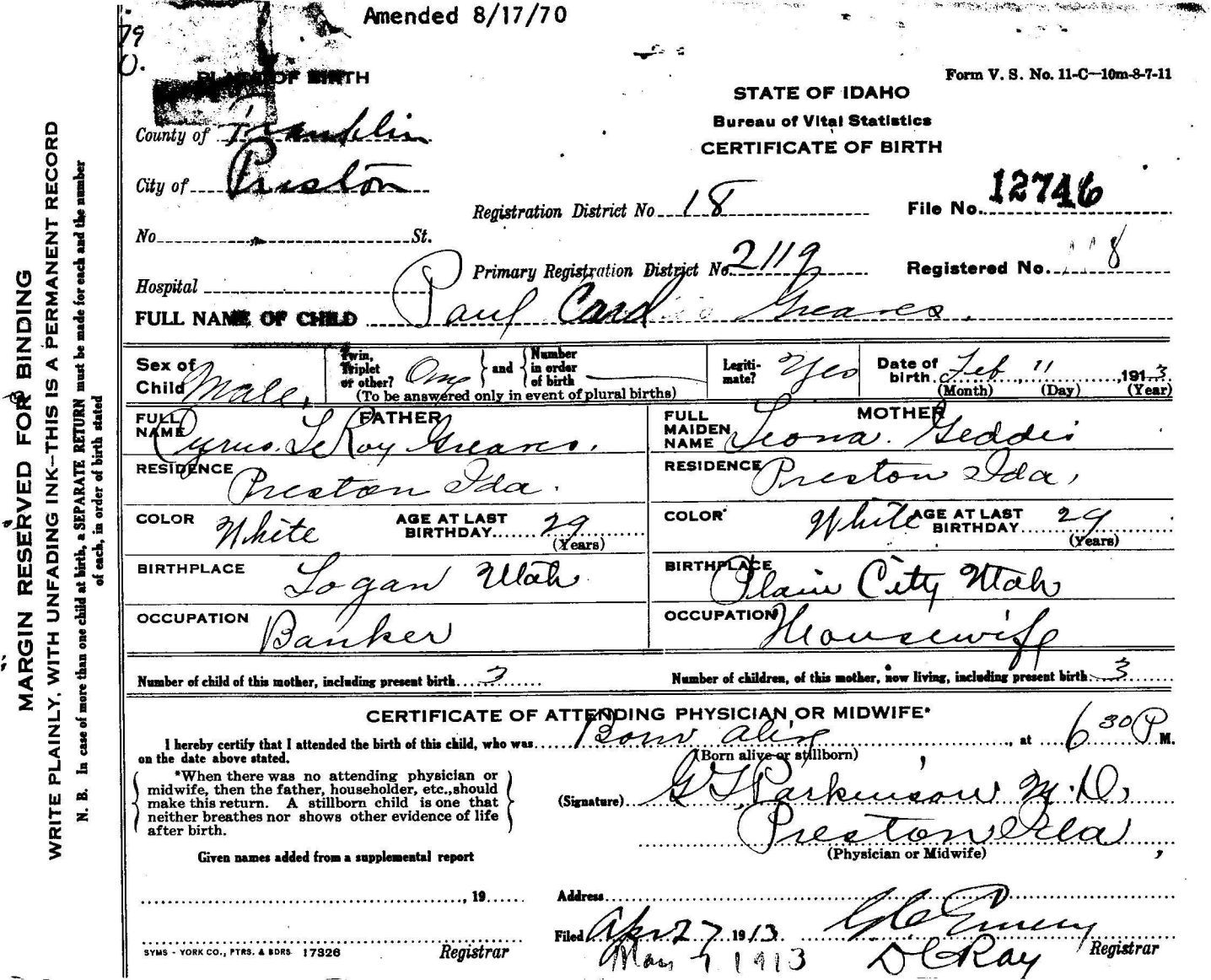
Notary Public, residing at

(Street Address, City, State)

My commission expires
(Seal)

AUG 18 1942

APR 9 1976



Amended 8/17/70

79
0.

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

Registration District No. 18 File No. 12746

No. ..... St.

Primary Registration District No. 2119 Registered No. 118

Hospital .....

FULL NAME OF CHILD Paul Card Greaves

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male	One	.....	Yes	Feb 11 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Cyrus LeRoy Greaves	FULL MAIDEN NAME Iona Geddes
RESIDENCE Preston Ida.	RESIDENCE Preston Ida.
COLOR White	AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Logan Utah	COLOR White
OCCUPATION Banker	AGE AT LAST BIRTHDAY 24 (Years)
	BIRTHPLACE Plain City Utah
	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M. D.

Preston Ida

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Registrar

Filed Apr 27 1913 G. E. Emery Registrar

May 1 1913 D Ray

SYMS - YORK CO., PTRS. & BDRS 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 1 1970

AUG 17 1970

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
JUL 3 1 1970
Bureau of Vital Statistics

State of Idaho } ss.
County of Franklin

Certificate No. 12746

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Paul Geddis Greaves (Name on Original Certificate) who was born (Was Born or Died) on Feb. 11, 1913 (Date of Event)
in Preston, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date) , are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Paul Geddis Greaves	Paul Card Greaves

Subscribed and sworn to before me this 27 day of July, 1970

Notary Public, residing at Preston, Idaho
My commission expires 11-15-71
(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

170 No. 1st. West Preston, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27 day of July 1970

Notary Public, residing at Preston, Idaho
My commission expires 11-14-71
(Seal)

Signed [signature] (Signature of Any Credible Person)

50 So. 3rd. East Preston, Idaho (Street Address, City, State)

FORM DH 60-155 CL 7/20/70 nm

Marriage Certificate from State of Utah gives groom's name as Paul Card Greaves, and Bride's name as Ora Bishop. Sept. 19, 1935. Signed by Joseph Christensen and an Elder of the Church of Jesus Christ of Latter-day Saints. Viewed by V. S.

Certificate of Blessing from LDS Church Preston Seventh Ward Oneida Stake gives name as Paul Card Greaves son of Cyrus Leroy Greaves and Leona Geddes. Born Feb. 11, 1913 at Preston, Idaho. Blessed April 6, 1913 by L. P. Christensen, an Elder of the LDS Church. Signed by Wayne D. Beel, Viewed by V. S.

038-12-021-789

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Registration District No. 18 File No. 12747

No. ____, ____ St. Primary Registration District No. 2119 Registered No. 119

Hospital ____

FULL NAME OF CHILD Delbert George Schwaneveldt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	2 22, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Erastus Schwaneveldt	Mary Challis
RESIDENCE	Weston	Weston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	32
BIRTHPLACE	Utah	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Leich M.D.

(Physician or Midwife)

Address Weston, Ida.

Given names added from a supplemental report

....., 19.....

Filed Apr 21 1913 G. B. Emmons Registrar

May 7 1913 O. C. Ray

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 9 1964

912-110-021-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin

City of Preston Ida.

No ....., ... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 12748

Primary Registration District No. 219 Registered No. 170

FULL NAME OF CHILD Aschard Rasmussen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Mar. 10, 1913

FATHER		MOTHER	
FULL NAME	Ezra Rasmussen	FULL MAIDEN NAME	Maria Jacobsenson
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark.
OCCUPATION	Section Hand	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G T Rasmussen M.D.

Preston Ida.

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

Address .....

Filed Mar 27 1913 G C Tunnell

Mar 7 1913 D C Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

DEC 19 1941

238 - 217-921-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Franklin

City of Preston

No. ....., ... St.

Hospital .....

Form V. S. No. 11-C—10m-8-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12749

Primary Registration District No. 2119 Registered No. 121

FULL NAME OF CHILD GERTRUDE CARMEN SCHMIDLI

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 17th, 1913

FATHER	MOTHER
FULL NAME Arthur Albert Schmidli	FULL MAIDEN NAME Blenda Peterson
RESIDENCE Salt Lake Utah.	RESIDENCE Preston Ida.
COLOR White	AGE AT LAST BIRTHDAY 24 (Years)
COLOR White	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Oregon City Oregon	BIRTHPLACE Sweden
OCCUPATION Lumber	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2300 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Preston Ida.
(Physician or Midwife)

Given names added from a supplemental report .....

....., 19.....

Address .....

Filed Apr 27 1913 G. E. Ensign Registrar

May 7 1913 D. C. Ray

SYMS - YORK CO., PTRS. & BDRS. 17826

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 12749

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth ~~or Death~~)
for Gertrude Carmen Schmidli Kauffman (Name on Original Certificate) who was born (Was Born ~~or Died~~) on 17th day March 1913 (Date of Event)
in Preston, Idaho (Place ~~of Event~~) are erroneous or were omitted; and that, to the best of ~~his~~ knowledge, the
true facts are shown by Church Certificate of Birth (Bible Record, ~~Insurance Policy~~, Etc.) prepared on September 20, 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Surname	Schidmili	Schmidli
Name	Doris	Gertrude Carmen Schmidli

Subscribed and sworn to before me this 26th
day of June, 1942

Notary Public, residing at Salt Lake City
My commission expires Jan. 29, 1944
(Seal)

Signed Belenda Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother of Gertrude Carmen Schmidli
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
(Seal)

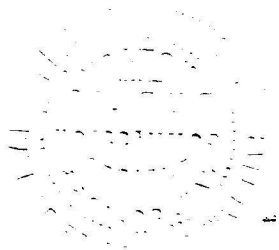
Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 29 1942

APR 3 1968

JUN 3 0



166 [illegible] 21-867

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

Registration District No. 18

File No. 12750

No. ____, ____ St.

Primary Registration District No. 2119

Registered No. 122

Hospital ____

FULL NAME OF CHILD WAYNE HOOPES Goodsell

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joseph Franklin Goodsell	Olive Hoopes
RESIDENCE	Weston, Ida	Weston, Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	31
BIRTHPLACE	Newton, Utah	Weston, Ida
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.15a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. W. Lueck M.D.

(Physician or Midwife)

Address Weston, Ida

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Apr 21 1913 G. A. Greaves Registrar

May 7 1913 D. Ray

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of

JAN 19 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 12750

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Hooppes Goodsell (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 18, 1913 (DATE OF EVENT)
in Weston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by church Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on First Sunday in May 1913 (GIVE DATE) are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	HooppesGoodsell	Wayne Hoopes Goodsell

Subscribed and sworn to before me this 16th day of January, 19 42

Eugenia L. Miller
Notary Public, residing at El Monte, Calif.

My commission expires March 20, 1943
(SEAL)

Signed Olive E. Hoopes Goodsell
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

4463 Derby Pl Los Angeles Calif.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1942 By .....
(REGISTRAR'S SIGNATURE)

JAN 26 1942

DEC 19 1974

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

495-220-021-54

PLACE OF BIRTH

Form U. S. No. 10-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

Registration District No. 18 File No. 12751

No. ____, ____ St.

Primary Registration District No. 219 Registered No. 123

Hospital

FULL NAME OF CHILD Zelda Charlotte Nielsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 20, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Antony E. Nielsen	Charlet Anderson
RESIDENCE	Weston	Weston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Idaho	Utah
OCCUPATION	Salesman	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5.45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

S-Y CO., 16670

(Signature) R. W. Quick

MD

(Physician or Midwife)

Address Weston, Ida.

Filed Apr 21 1913 Lyle Curtis
Registrar

May 7 1913 D. C. Ray

APR 28 1942

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

CE OF BIRTH

313 - 222-021-632

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Preston

No ....., ... St.

Hospital .....

Registration District No 18 File No. 12752

Primary Registration District No 119 Registered No. 124

FULL NAME OF CHILD Imogene Estella Talbot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	One		yes	Mar 22, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Reubin P. Talbot	Margrett C. Odson
RESIDENCE	Lewiston (Fairview)	Fairview Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	19	18
BIRTHPLACE	Lewiston Ut.	Sivedon.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ..... 1 .....

Number of children, of this mother, now living, including present birth ..... 1 .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M.D.

Preston Ida (Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address .....

Filed Apr 27 1913 G. C. Gunnell Registrar

Mar 7 1913 D. Clay

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

JAN 26 1945

759-201-021-433

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Weston Registration District No. 18 File No. 12753

No. ....., ... St.

Primary Registration District No. 2119 Registered No. 125

Hospital .....

FULL NAME OF CHILD Elva Beatrice Perry

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 1, 1913

FATHER		MOTHER	
FULL NAME	Nathan Perry	FULL MAIDEN NAME	Ida M Culbreth
RESIDENCE	Weston Ida	RESIDENCE	Weston Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	COLOR	White
OCCUPATION	Rancher	AGE AT LAST BIRTHDAY (Years)	21
		BIRTHPLACE	Idaho
		OCCUPATION	Housework

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 1:20 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P W Lewis MD

(Physician or Midwife)

Address Weston Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 21, 1913 Gle Emery Registrar

May 1 1913 D C Ray

.....

Registrar

S-Y CO., 16670

FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP - 8 1967

MAR 2 0 1975

696-106-021-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Weston

No. ____, ____ St.

Hospital ____

Registration District No. 18

Primary Registration District No. 219

File No. 12754

Registered No. 126

FULL NAME OF CHILD Dean Everett Fife

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 - 6 - 1913

FATHER		MOTHER	
FULL NAME	Luther Fife	FULL MAIDEN NAME	Leonora Johns
RESIDENCE	Weston Idaho	RESIDENCE	Weston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 a. M. on the date above stated.

(Signature) R. W. Lewis M.D.

(Physician or Midwife)

Address Weston Idaho

Filed Apr 21 1913 Geo. Everett Registrar

May 7 1913 D. C. Ray

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO., 16670

Form V. S. No. 11-C—10m-6-29-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

762 036-271

BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12756

County of Oneida

City of Holbrook Registration District No. 18 File No.

No. St. Primary Registration District No. 2071 Registered No. 128

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Twin	1st	Yes	4 10 191

FATHER		MOTHER	
FULL NAME	Thos H Goss	FULL MAIDEN NAME	Edith Sparks
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 3:45 P. M. on the date above stated.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Filed May 8th 1913 D. C. Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

1627 110-036-271

PLACE OF BIRTH

County of Oneida

City of Holbrook

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12757

Primary Registration District No. 2071 Registered No. 129

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet—or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Second	Yes	April 10 1913

FATHER		MOTHER	
FULL NAME	Thos A Goss	FULL MAIDEN NAME	Edith Spark
RESIDENCE	Holbrook	RESIDENCE	Holbrook
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 5 00 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. Fulton

Physician

(Physician or midwife)

Address Malad

Filed May 8 1913 D. L. Ray Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

893-211-036-663

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12758

Primary Registration District No. 2069 Registered No. 130

FULL NAME OF CHILD Charity Hill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 11 191

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David Hill	Charity Wolverton
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	25	17
BIRTHPLACE	Malad Ida	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was with Alive (Born alive or stillborn) at 6.45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

Filed May 8th 1913 D. C. Clay

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

ID-217-036-386

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 18 File No. 12759

Primary Registration District No. 2069 Registered No. 131

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4 17 1914

FATHER		MOTHER	
FULL NAME	Nephi John	FULL MAIDEN NAME	Mary Thomas
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Malad Ida
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 3:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Alton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

Filed May 8 1914 D. C. Ray Registrar

..... Registrar

8-Y CO. 20174

PLACE OF BIRTH

735-120-026-386

Amended 1-19-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12760
Local Reg. No. 132
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Henry b. (Middle): Lavern c. (Last): Gleed

4. SEX: Male

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 4 - 20 - 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Henry b. (Middle): c. (Last): Gleed

8. AGE (At time of this birth): 31 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Malad, Ida.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Emma b. (Middle): c. (Last): Thorpe

13. AGE (At time of this birth): 27 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Samaria, Ida.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 3

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. F. Alton

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 8, 1913

22. REGISTRAR'S SIGNATURE: D.C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Physician in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED

JAN 17 1966

Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 12760

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Henry Lavern Gleed (Name on Original Certificate) who was born (Was Born or Died) on April 20, 1913 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	Mary Thorp	Emma Thorpe

Subscribed and sworn to before me this 14 day of January, 1966

Colbert H. Burton Jr.
Clerk of the district court

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mrs Belle Thorpe Evans
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 day of January, 1966

Colbert H. Burton Jr.
Clerk of the district court

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed J. Lavy Gleed
(Signature of Any Credible Person)

346 No. Main
(Street Address, City, State)

FORM DH 60-155

CL 5-27-65. one copy pd. rec. #13386.

L.D.S. Church Cert. of Baptism and Confirmation, Aug. 7, 1921 gives full name as Henry Gleed, son of Henry Gleed and Emma Thorpe, born April 20, 1913 at Malad, Idaho- viewed by V.S.

L.D.S. Church Family Record Sheet, gives full name as Emma Thorpe, born Dec. 24, 1886 at Samaria, Idaho to Samuel Thorpe and Sarah Cartwright, - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12760

Primary Registration District No. 2069 Registered No. 137

FULL NAME OF CHILD Henry Lavern Reed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 20 '13

FATHER		MOTHER	
FULL NAME	Henry Reed	FULL MAIDEN NAME	Mary Thorp
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Malad Ida	BIRTHPLACE	Samana Ida
OCCUPATION	Farmer	OCCUPATION	Housekeeper

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:15 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

Filed May 8 1913 D C Ray

Registrar

..... Registrar

S-Y CO. 20174

FEB 12 1964

JAN 19 1966

465-126-036-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12761

Primary Registration District No. 2069 Registered No. 133

FULL NAME OF CHILD Dale Monson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 26 1912

FATHER

FULL NAME Louis D Monson

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Malad Ida

OCCUPATION Farming

MOTHER

FULL MAIDEN NAME Lula A Jones

RESIDENCE Malad

COLOR White AGE AT LAST BIRTHDAY 18 (Years)

BIRTHPLACE Malad Ida

OCCUPATION Housewife

Number of child of this mother, including present birth 1st Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 2 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J F Alton

Physician (Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address Malad

Filed May 8 1913 D C Ray Registrar

S-Y CO. 20174

165-130-036-581

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 18 — File No. 12762

Primary Registration District No. 2069 — Registered No. 134

FULL NAME OF CHILD TED EDWARD JONES

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 30 1913

FATHER		MOTHER	
FULL NAME	Amos W Jones	FULL MAIDEN NAME	Margaret Evans
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	46	AGE AT LAST BIRTHDAY (Years)	36
BIRTHPLACE	Utah	BIRTHPLACE	Malad Ida
OCCUPATION	Brick Layer	OCCUPATION	House Wife

Number of child of this mother, including present birth 7th — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad Ida

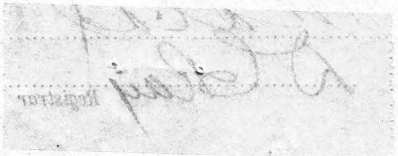
Filed May 8 1913 D C Ray Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California }
County of Alameda } ss.

Certificate No. 12762

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth.
(Birth or Death)
for Edward Jones who Born on April 30, 1913
(Name on Original Certificate) (Was Born or Died) (Date of Event)
in Malad City, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Event)
true facts are shown by prepared on , are:
(Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Ted E. Jones
Ted Edward Jones	Name only To be corrected	

Subscribed and sworn to before me this 27th
day of May, 1942
E. H. Richardson
Notary Public, residing at Alameda Calif
My commission expires April 1-1944
(Seal)

Signed Amos W Jones
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
1141 Pacific Ave, Alameda, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California }
County of Alameda } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th
day of May, 1942
E. H. Richardson
Notary Public, residing at Alameda
My commission expires April 1-1944
(Seal)

Signed Amos W Jones
(Signature of Any Credible Person Other Than Previous Year)
1141 Pacific Ave
(Street Address, City, State)
Alameda Calif

JUN 4 1942

JUN 10 1942

693-10[illegible]366

PLACE OF BIRTH

County of Franklin

City of Franklin

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 12 File No. 12763

Primary Registration District No. 219 Registered No. 135

FULL NAME OF CHILD Stewart Williams

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth
Male	and Number in order of birth	Yes	March 1, 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Erwin Williams	FULL MAIDEN NAME Ivy Lowe
RESIDENCE Preston, Idaho.	RESIDENCE Preston, Idaho.
COLOR White	AGE AT LAST BIRTHDAY 28 (Years)
COLOR White	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Gentile Valley Ida	BIRTHPLACE Cove, Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2.30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Sletes

Physician (Physician or Midwife)

Address Preston, Idaho.

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 9 1913 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

415-118-021-685

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin,

City of Preston,

*No.*_____, _____ *St.*

Hospital _____

Registration District No. 18 File No. 12764

Primary Registration District No. 2119 Registered No. 136

FULL NAME OF CHILD Glen Willard Manning

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	March 18, 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Willard Manning	FULL MAIDEN NAME: Sarah Annie Wheeler
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 23 (Years)	AGE AT LAST BIRTHDAY: 18 (Years)
BIRTHPLACE: Battle Creek, Idaho.	BIRTHPLACE: Glendale, Idaho.
OCCUPATION: Plumber	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn) at 9:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G W Slates

Physician (Physician or Midwife)

Address Preston, Idaho.

Given names added from a supplemental report

_____, 19____

_____ Registrar

Filed May 9 1913 D L Ray Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

8/30/44

916-225-021-715

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin,

City of Preston

No ....., ... St.

Hospital .....

Registration District No 18 File No. 12765

Primary Registration District No. 7119 Registered No. 137

FULL NAME OF CHILD Eva Rawlings

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 25, 1913

FATHER	MOTHER
FULL NAME: James Rawlings Jr.	FULL MAIDEN NAME: Florence Garner
RESIDENCE: Preston, Idaho.	RESIDENCE: Preston, Idaho.
COLOR: White	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Farview, Idaho.	COLOR: White
OCCUPATION: Farmer	AGE AT LAST BIRTHDAY: 26 (Years)
	BIRTHPLACE: Clifton, Idaho.
	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:20 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Slates

Physician

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Address Preston, Idaho.

Filed 5/10 19 13

.....
Registrar

D. C. Kay
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

155-107-021-465

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin,

City of Preston

*No*_____, _____ *St.*

Hospital _____

Registration District No 18 **File No.** 12766

Primary Registration District No. 2110 **Registered No.** 138

FULL NAME OF CHILD Meldon Jensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		Yes	April 7, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Richard Jensen	May Monson
RESIDENCE	Preston, Idaho	Preston, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY	30 (Years)	26 (Years)
BIRTHPLACE	Preston, Idaho.	Whitney, Idaho.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3.45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____, 19____

(Signature) G. W. Stales

Physician (Physician or Midwife)

Address Preston, Idaho.

Filed _____ 19 13 D. C. Ray, Registrar

_____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

RESERVED FOR BINDING

ING INK—THIS IS A PERMANENT RECORD

264-113-021-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Fairview

No ____, ____ St.

Hospital ____

Registration District No 18 File No. 12767

Primary Registration District No 2119 Registered No. 139

FULL NAME OF CHILD ~~Emerson~~ Bodily Gerald P. Bodily

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 13, 1913

FATHER		MOTHER	
FULL NAME	Wilford Bodily	FULL MAIDEN NAME	Allie Peterson
RESIDENCE	Fairview, Idaho.	RESIDENCE	Fairview, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Fairview. Idaho.	BIRTHPLACE	Preston, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6.15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) G W Slates

Physician
(Physician or Midwife)

Address Preston, Idaho.

Filed 3/9 1913 D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JAN 11 1954

168-224-021-364

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin

City of Preston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 — File No. 12768

Primary Registration District No. 2119 — Registered No. 140

FULL NAME OF CHILD Edna Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female			yes	Apr. 24, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Johnson Jr	Millie Louis
RESIDENCE	Preston Ida.	Preston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	33
BIRTHPLACE	Hyde Park Utah	Dubois Ida.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. T. Parkinson M. D.

Preston Ida. (Physician or Midwife)

Address ____

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 5/9, 19 13 — D C Ray
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

OCT 3 1955

SEP 30 1960

#66-126-021-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Franklin

City of Weston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12769

Primary Registration District No. 2119 Registered No. 141

FULL NAME OF CHILD Carl Lowell Dowdel

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4, 26, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Samuel T. Dowdel	Rose D. Williams
RESIDENCE	Weston	Weston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	44	35
BIRTHPLACE	Utah	W. Virginia
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) G. W. Quick

Physician

(Physician or Midwife)

Address Weston Idaho

Filed 5/9 1913 D. C. Ray Registrar

S-Y CO., 16870

685-129-021-569

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

County of Franklin

City of Weston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12770

Primary Registration District No. 2119 Registered No. 1187

FULL NAME OF CHILD LEON Michael Wheatley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 29, 1913

	FATHER	MOTHER
FULL NAME	Michael Wheatley	FULL MAIDEN NAME Maud Agnes Morton
RESIDENCE	Robin, Idaho	RESIDENCE Robin Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Utah	Weston, Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) R. W. Quick

Physician

(Physician or Midwife)

Address Weston Ida

Filed 5/9 19 13 D. C. Ray Registrar

S-Y CO., 16670

PLACE OF BIR

County of

"Wher
midwife
male this
neither be
after birth

Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States
Department of Commerce
Bureau of the Census

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.....
Local Reg. No.....
Reg. Dist. No.....

1. **PLACE OF BIRTH** (All items at time of this birth)
   (a) County Oneida (b) City Weston
   (c) Street Address or R.F.D. No.....
   (d) Name of Hospital or Maternity Home: Dr Parents Home
   (e) Mother's stay **BEFORE** delivery: IN **THIS** county years 2 months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
   (a) State Idaho (b) County Bannock
   (c) City Robin
   (d) Street Address or R.F.D. No.....
   (e) How long has **MOTHER** lived in Idaho? 23 yrs.

3. **RESIDENCE OF FATHER** (city, state) Robin Idaho

4. **FULL NAME OF CHILD** Leon Michael Wheatley

5. Date of Birth of Child (Month, day, year) April 29th 1913

6. Sex Male.

7. Twin or Triplet —

If so—born 1st, 2nd, 3rd —

8. No. months of Pregnancy 9

9. Legitimate? Yes

FATHER OF CHILD

10. **FULL NAME** Michael Wheatley
11. Color or Race white
12. Age at time of THIS birth 29 yrs.
13. Birthplace Calls Fort (City or town) Utah (State or foreign country)
14. Exact Occupation Farmer
15. Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Maude Agnes Norton
17. Color or Race white
18. Age at time of THIS birth 25 yrs.
19. Birthplace Weston (City or town) Idaho (State or foreign country)
20. Exact Occupation Housewife
21. Industry or Business

22. Name prophylactic used to prevent Ophthalmia Neonatorum.....
23. Number of children of this mother: (a) At time of birth and including this child 1 (b) Born alive and now living 1.

ATTENDANT'S CERTIFICATE

24. I HEREBY CERTIFY That I attended the birth of this child, who was..... (Born alive, stillborn) at.....M. on the date and at the place stated above, and that personal particulars were furnished by..... (First name) (Last name), who is related to this child as..... (Mother, etc.)

25. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

State of Idaho, } ss.
County of Bannock }

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the Mother (Mother, etc.) of the person whose name appears in Item 4, above, that I am now 54 years of age, that I have known this person for all his life 29 years, and that Dr Finch (First name) (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I further state that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139, 1937 Session Laws.

Maude Agnes Norton Wheatley signature

638 S. Arthur, Pocatello Idaho. P. O. Address

Subscribed and sworn to before me this 9th day of September, 1942.

(SEAL) Ted J. Turner Notary Public, residing at Pocatello, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

Received for filing on..... by....., Registrar.

OCT 7 1942

SEP 10 '34

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Weston

696 - 230-021-284 No. ____, ____ St.

Registration District No. 18

File No. 12771

Primary Registration District No. 2119

Registered No. 143

Hospital ____

FULL NAME OF CHILD Mary Fifield

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	4 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Fifield	Sarah Alice Schupf
RESIDENCE	Weston	Weston
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	33
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10.50 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. W. Linck

Physician

(Physician or Midwife)

Address Weston Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/1/13 D. C. Ray

Registrar

S-Y CO., 16670

SEP 25 1941

689 - 122-036-386

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Pleasant View Registration District No. 18 File No. 12774

No. ____, ____ St. Primary Registration District No. 2069 Registered No. 146

Hospital ____

FULL NAME OF CHILD Clinton Roland Whight

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	One		Yes	March 22, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma Whight	Emaline Dorothy Thomas
RESIDENCE	Pleasant View	Pleasant View
COLOR	white	Mulatto
AGE AT LAST BIRTHDAY (Years)	38	34
BIRTHPLACE	Brigham, Utah	Samaria Idaho
OCCUPATION	Farmer	Housekeeping

Number of child of this mother, including present birth Six

Number of children, of this mother, now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Catherine Hamblin

Midwife (Physician or Midwife)

Address Samaria, Oneida Co., Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 5/8/13 19..... D. C. Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

132-105-036-613

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 18 File No. 12776

Primary Registration District No. 8 Registered No. ....

FULL NAME OF CHILD William W Atkinson

Sex of Child	Twin / Triplet or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	4 2 1913

FATHER		MOTHER	
FULL NAME	Alfred Atkinson	FULL MAIDEN NAME	Hannah Waldron
RESIDENCE	Samaria Idaho	RESIDENCE	Same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	43 (Years)	AGE AT LAST BIRTHDAY	38 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	home wife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M. D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4-10 1913 D C Ray Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 1 1972

799 - 209 - 036 - 735 (Be sure the information is complete and accurate)

Amended 6-5-72

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12777
Local Reg. No. 149
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Malad

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print): a. (First) Fawn b. (Middle) c. (Last) Price

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 9 (Year) 1913

FATHER OF CHILD

7. FULL NAME: a. (First) Samuel b. (Middle) Willard c. (Last) Price

8. AGE (At time of this birth): 44 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Malad City, Idaho

10. USUAL OCCUPATION: Timberman

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME: a. (First) Matilda b. (Middle) c. (Last) Gleed

13. AGE (At time of this birth): 44 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wales

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 9

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: D.C. Ray

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Malad City, Idaho

20. DATE SIGNED: April 16, 1913

21. DATE REC'D BY LOCAL REG.: April 16,1913

22. REGISTRAR'S SIGNATURE: D.C.Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...riage. This certificate MUST be filed with the ...rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address ...TAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 18 9 16 AM '72

State of Idaho
County of Oneida

Certificate No. 12777

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Fawn Price (Name on Original Certificate) who was born (Was Born or Died) on April 9, 1913 (Date of Event)
in Malad, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record, Obituary, Newspaper Obituaries, Church record (Bible Record, Insurance Policy, Etc.) prepared on May 12, 1972 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Father's name	Samuel Price	Samuel Willard Price
Father's birth place	Wales	Malad City, Idaho
Mother's age	44	~~45~~ 44
Mother's birthplace	Idaho	Wales

Subscribed and sworn to before me this 16th day of May, 1972. E L Scott

Notary Public, residing at Malad Idaho

My commission expires May 19, 1975

(Seal)

Signed John T Price
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

270 W 500 N Malad City Idaho 83451
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Oneida } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of May, 1972. E L Scott

Notary Public, residing at Malad Idaho

My commission expires May 19 1975

(Seal)

Signed Daniel O Daniels
(Signature of Any Credible Person)

525 W Bannock Malad City Idaho
(Street Address, City, State)

FORM DH 60-155

CL 3/27/72 nm
Sex of child Male to Female

Record of Funeral Services for Matilda Gleed Williams Price states that she was born August 7, 1868 in Cardiff, Wales..Original notice July 18, 1951.
Viewed by V.S.

L.D.S Church record of the baptism of Matilda Gleed states that she was born August 7, 1868 in Wales. Baptized in Malad City, Idaho. Dec.7, 1985.
Viewed by V.S.

Baptismal Record of Sam W. Price also known as Samuel Williard Price states that he was born March 9, 1869 in Malad City, Idaho and Baptized into L.D.S.Church on November 16, 1877.
Viewed by V.S.

Obituary Notice states that Sam W. Price was born March 9, 1869 in Malad, Idaho. Notice appeard in Paper Dated Autust 13,1951.
Viewed by V.S.
Bible Record states name of father was Samuel Williard Price, Jr.. Record written in 1904. Viewed by V.S.
Church Record of Baptism of the L.D.S.Church states that Fawn Price, female was born April 9, 1913. Father was Samuel Willard Price Mother was Matilda Gleed Fawn Price was Baptized Nov. 5, 1922 by Joseph Ward, Jr. Confirmed by William Thomas.
Viewed by V.S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12777

Primary Registration District No. 2069 Registered No. 149

FULL NAME OF CHILD Laura Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	4 9 1913

FATHER		MOTHER	
FULL NAME	Samuel Price	FULL MAIDEN NAME	Matilde Glud
RESIDENCE	Malad City	RESIDENCE	same
COLOR	wh	COLOR	white
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	44 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Idaho
OCCUPATION	timber man	OCCUPATION	housewife

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 2.40 P.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-16 1913 D C Ray

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 24 1972

JUN 5 1972

847-109-036-386

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12778

Primary Registration District No. 2069 Registered No. 150

FULL NAME OF CHILD Lyle Hughes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				yes	4 9 1913

FATHER		MOTHER	
FULL NAME	Jacob Hughes	FULL MAIDEN NAME	Ellen Sharpe
RESIDENCE	Malad R.F.D	RESIDENCE	Malad
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	farmer

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at ____ M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. C. Ray M.D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19.....

Filed 4-16 1913 W. C. Ray

S-Y CO. 20174

Registrar

Registrar

866-215-036-623

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Registration District No. 18 File No. 12779

Primary Registration District No. 2069 Registered No. 151

Hospital .....

FULL NAME OF CHILD Beth Howard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
f			yes	4 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Howard	Martha Wilcox
RESIDENCE	Rockland Idaho	Stolbrook Idaho
COLOR	wh	white
AGE AT LAST BIRTHDAY (Years)	25	18
BIRTHPLACE	Illinois	Utah
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD
(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-16 1913 D C Ray
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 5 1971

799 - 216-036-415

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12780

Primary Registration District No. 2069 Registered No. 16

FULL NAME OF CHILD Hulda Price

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
fe			yes	4 16 1913

FATHER		MOTHER	
FULL NAME	Thomas Price	FULL MAIDEN NAME	Blandown Davis
RESIDENCE	Paulur Idaho	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	farmer wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2:30 P. M. on the date above stated.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Filed 4-16 1913 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

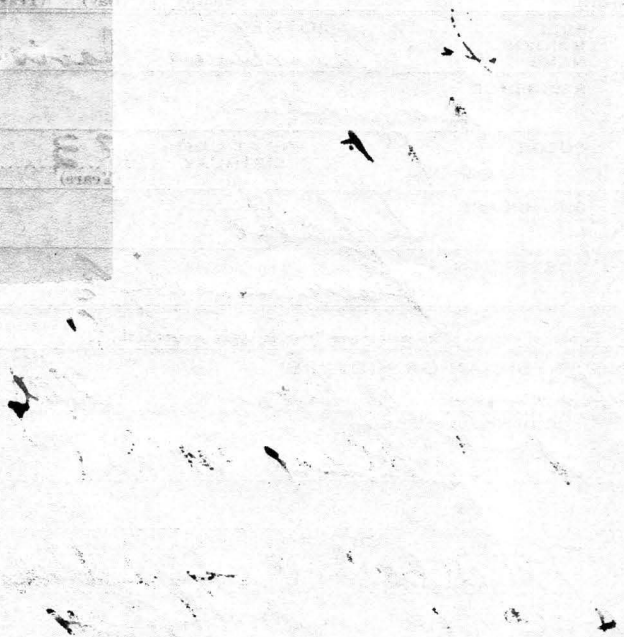
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 4 1968

APR 1 7 1973



231-220-036-285

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12781

Primary Registration District No. 2069 Registered No. 153

FULL NAME OF CHILD La Preal Blasdale

Sex of Child female | Twin, Triplet or other? | and | Number in order of birth | (To be answered only in event of plural births)

Legitimate? yes

Date of Birth 4 (Month) 20 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	James Blasdale	FULL MAIDEN NAME	Iona Bingham
RESIDENCE	Malad RTD #1	RESIDENCE	same
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 6 A. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-30 1913 D C Ray

Registrar

..... Registrar

S-Y CO. 20174

Dupe of 1913 - 346 404

365-123-036-551

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Registration District No. 18 File No. 12782

Primary Registration District No. 2069 Registered No. 154

Hospital .....

FULL NAME OF CHILD Morgan Evans Tovey

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	4 23 1913

FATHER		MOTHER	
FULL NAME	Morgan Tovey	FULL MAIDEN NAME	Mattie Evans
RESIDENCE	Malad R F D	RESIDENCE	Same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-30 1913 D C Ray

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 1943

FEB 10 1970

816-026-036-469

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria Registration District No. 18 File No. 12783

No. ____ St. Primary Registration District No. 2069 Registered No. 155

Hospital ____

FULL NAME OF CHILD Hawkins

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
			no	4 26 1913

FATHER		MOTHER	
FULL NAME		FULL MAIDEN NAME	Sophia Morse (widow)
RESIDENCE		RESIDENCE	Samaria Idaho
COLOR	AGE AT LAST BIRTHDAY ____ (Years)	COLOR	AGE AT LAST BIRTHDAY 36 (Years)
BIRTHPLACE		BIRTHPLACE	Idaho
OCCUPATION		OCCUPATION	laborer

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 12 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

....., 19....

Filed 4-30 1913 D C Ray
Registrar

8-Y CO. 20174 Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

JUN 17 1974

JUN 19 1975

Amended 6/18/73

993 - 230-856-557

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Registration District No. 18 File No. 12784

Primary Registration District No. ..... Registered No. .....

FULL NAME OF CHILD Mary Evelyn Richardson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	4 30 1913

FATHER		MOTHER	
FULL NAME	Geo Richardson	FULL MAIDEN NAME	Elizabeth A Evans
RESIDENCE	Malad	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	telegraph operator	OCCUPATION	house wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray MD

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4-30 1913 D C Ray Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 29 10 04 AM '73

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12784

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth for Mary Evaline Richardson who was born on April 30, 1913 in Malad, Idaho are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... prepared on ....., are:

(Birth or Death) (Name on Original Certificate) (Was Born or Died) (Date of Event) (Place of Event) (Bible Record, Insurance Policy, Etc.) (Give Date)

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Mary Evaline Richardson	Mary Evelyn Richardson

Subscribed and sworn to before me this 24 day of April, 19 73.

Notary Public, residing at Brigham City, Utah
My commission expires March 11, 1975
(Seal)

Signed La Vinna R. Finch
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 244 Brigham, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 6M 155 CL 3/9/73

Family Group Record gives name of Husbnd as Nichols, George Delos and the wife's name as Mary Evelyn Richardson.(born Aprl 30, 1913) Viewed by V. S.

JUN 18 1973

Certificateof Blessing from LDS Church gives name as Mary Evelyn Richardson daughter George S. Richardson and Elizabeth Evans. Born April 30, 1913 and Was Blessed June 1, 1913. Viewed by V. S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of New Meadows

Registration District No. 4 **File No.** 12786

No. 130 *St.*

Primary Registration District No. 2012 **Registered No.**

Hospital

FULL NAME OF CHILD Edna Caroline Harris.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl				Feb. 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Guy Benjamine H.	Etta Jeannette
RESIDENCE	New Meadows,	New Meadows,
COLOR	Light	Light
AGE AT LAST BIRTHDAY (Years)	23.	23.
BIRTHPLACE	Nebraska.	Iowa,
OCCUPATION	Blacksmith & machinist.	Housekeeping.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) ....., at ..... M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Guy B. Harris

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Filed 4-11- 1913 Frank E Brown *Registrar*

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Z Dad's last name

DUP OF 1913-412022

316-101-002-217

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

County of Adams

City of New Meadows

No. ____, ____ St.

Hospital

Registration District No. 4

File No. 12788

Primary Registration District No. 2012

Registered No. 74

FULL NAME OF CHILD Milton Croxton ~~Bagshaw~~ LaFay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 1 1913

FATHER		MOTHER	
FULL NAME	Clarence LaFay	FULL MAIDEN NAME	Fannie Bagshaw
RESIDENCE	New Meadows	RESIDENCE	New Meadows
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Colorado
OCCUPATION	Barber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4:25 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T E Martin MD.

(Physician or Midwife)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4-9- 1913 Frank E. Brown Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Nov. 14, 1940 L.B.

535-208-002-255

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Council

Registration District No. 4 File No. 12789

No. ____ St.

Primary Registration District No. 2011 Registered No. 75

Hospital Villa

FULL NAME OF CHILD Zola Elnora

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fe	—	—	yes	Apr. 8 1913

FATHER		MOTHER	
FULL NAME	Lyman Cossitt	FULL MAIDEN NAME	Isabelle Leary
RESIDENCE	Council	RESIDENCE	Council
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Colo	BIRTHPLACE	S D.
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank V Brown

(Physician or ~~midwife~~)

Address

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4-9- 1913 Frank E Brown

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

651-109-002-442

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Adams

City of Mesa

No. ..... St.

Hospital .....

Registration District No. 4 File No. 12790

Primary Registration District No. 2011 Registered No. 76

FULL NAME OF CHILD Charles Theron Weams

Sex of Child Male | Twin-Triplet or other? ( ) and (Number in order of birth) ( ) (To be answered only in event of plural births) | Legitimate? Yes | Date of Birth Apr. (Month) 9 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Chas Weams	FULL MAIDEN NAME	Daisy Dubois
RESIDENCE	Mesa	RESIDENCE	Mesa
COLOR	Whs	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Ill	BIRTHPLACE	Ark
OCCUPATION	Farmer	OCCUPATION	H W F

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank E Brown

(Physician ~~or midwife~~)

Given names added from a supplemental report

..... 19.....

Address .....

Filed 4-9-1913 Frank E Brown

S-Y CO. 20174 Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 15 1943

NOV 3 1941

RECEIVED

819-224-002-843

PLACE OF BIRTH

[redacted] STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Adams

City of Meadows

No. ____, ____ St.

Hospital

Registration District No. 4

Primary Registration District No. 2812

File No. 12791

Registered No. 79

FULL NAME OF CHILD Lenora Olive Frances Rena Harp

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes.	Feb. 24, 1913

FATHER		MOTHER	
FULL NAME	Jakey Harp.	FULL MAIDEN NAME	Josie Hull.
RESIDENCE	Meadows.	RESIDENCE	Meadows.
COLOR	white	AGE AT LAST BIRTHDAY (Years)	25
COLOR	White	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Idaho.	BIRTHPLACE	Washington
OCCUPATION	Teamster	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address T. E. Martin New Meadows, Ida.

Given names added from a supplemental report

....., 19.....

Filed 5-15 — 1913 Mark V. Brown

Registrar

.....

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

459-126-002-439

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12792

County of Adams

City of Meadows

No. ____, ____ St.

Hospital ____

Registration District No. 4 File No. ____

Primary Registration District No. 2012 Registered No. 80

FULL NAME OF CHILD Howard Merritt

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	Apl. 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Merritt	Lucy Mc Reynolds.
RESIDENCE	Meadows,	Meadows,
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36.	30.
BIRTHPLACE	Missouri	Missouri
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 10

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin M.D.

(Physician or Midwife)

Address New Meadows Ida.

Given names added from a supplemental report

..... 19....

Registrar

Filed 5-15- 1913 Frank G. Brown

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

JUN 1 1965

DECEASED

847-228-002-365

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 12793

County of Adams

City of New Meadows

No. ____, ____ St.

Hospital ____

Registration District No. 4

Primary Registration District No. 2012

Registered No. 81

FULL NAME OF CHILD Ruth Hughes

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	April 28 1913

FATHER		MOTHER	
FULL NAME	John Hughes.	FULL MAIDEN NAME	Ora Lee.
RESIDENCE	New Meadows, Ida.	RESIDENCE	New Meadows.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Missouri	BIRTHPLACE	Missouri
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) T. E. Martin, MD.

(Physician or Midwife)

Address New Meadows, Ida.

Given names added from a supplemental report

....., 19....

Filed 5-15- 1913 Frank E. Brown

Registrar

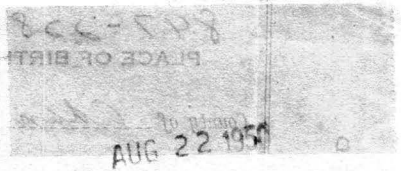
Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated


AUG 22 1950

235-202-028-319

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-[illegible]

CERTIFICATE OF BIRTH

Registration District No. 14 File No. 12794

Primary Registration District No. 2051 Registered No. 381

FULL NAME OF CHILD Dorothy Elisabeth Klein

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
girl			Yes	April 2 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Anton William Klein	FULL MAIDEN NAME	Josephine Hanna Carlson
RESIDENCE	Post Falls	RESIDENCE	Post Falls
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Burlington Iowa	BIRTHPLACE	Burlington Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 1230 a.m.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Marian N. Kennedy

Physician (Physician or midwife)

Address Post Falls, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 5/10 1913 D S Freeman
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

PLACE OF BIRTH

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. II-C—20m-2-15-12

683-209-028-753

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Dozmer Mission

No ____, ____ St.

Hospital ____

Registration District No 2118 12

Primary Registration District No 2118

File No. 12795

Registered No. 2[illegible]

FULL NAME OF CHILD Agnes Wildshaw

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day)
Female				yes	Apr 9 [illegible]

FATHER		MOTHER	
FULL NAME	Philip Wildshaw	FULL MAIDEN NAME	Eugenia Orlar
RESIDENCE	Dramat	RESIDENCE	Desmet, Ida
COLOR	Indian	AGE AT LAST BIRTHDAY (Years)	30
COLOR	Indian	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Reservation	BIRTHPLACE	St. Ignatius Mont.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth [illegible]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19....

(Signature) J. R. Leonard

Physician

(Physician or Midwife)

Address Dramat, Ida

Filed May 20 1913 Wm. D. Upjohn

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

231-114-028-269

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ..... St.

Hospital .....

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12

File No. 12796

Primary Registration District No. 2051

Registered No. 383

FULL NAME OF CHILD Arthur Staples

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	1	1	Yes,	April 14, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Melvin C. Staples	May Smith
RESIDENCE	Rural Post-Falls,	Rural Post-Falls,
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Elk River, Minnesota	Odessa, Washington
OCCUPATION	Carpenter and Rancher	Housewife

Number of child of this mother, including present birth 2.

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.F. Campbell M.D.

(Physician or Midwife)

Address Post Falls

Given names added from a supplemental report

....., 19.....

Filed 5/10 1913 D.D. Freeman

S-Y CO., 16670

Registrar

Registrar

7-10-41

JUN 4 1976

855-225-028-241

PLACE OF BIRTH

County of Kootenai

City of Post Falls

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 12

File No. 12797

Primary Registration District No. 2051

Registered No. 384

FULL NAME OF CHILD Catherine Leslie Hennings

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F. M.		1	No	Mar. 25, 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Albert Hennings	Bertha Rena Smalley
RESIDENCE	Washington	Post Falls
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Washington D.C.	Iowa.
OCCUPATION	Cabinet maker	Housework

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. F. Campbell M.D.

(Physician or Midwife)

Address Post Falls

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5/10 1913 L. D. Brennan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

251-203-028-663

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum — Registration District No. 17 — File No. 12798

No. ——— St. — Primary Registration District No. 2051 — Registered No. 385

Hospital

FULL NAME OF CHILD Elizabeth Norma Beach

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	Apr. 3, 1913

FATHER		MOTHER	
FULL NAME	Layton Beach	FULL MAIDEN NAME	Inga K. Wold
RESIDENCE	Rathdrum, Ida	RESIDENCE	Rathdrum
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	Norway
OCCUPATION	laborer	OCCUPATION	housework

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank King

Physician (Physician or midwife)

Address Rathdrum Ida.

Given names added from a supplemental report

..... 19.....

Filed 5/10 1913 D. D. Drennan Registrar

..... Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 1973

236-206-028-523

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

No. ____, 2nd St.

Registration District No. 17 File No. 12799

Primary Registration District No. 2049 Registered No. 386

Hospital ____

FULL NAME OF CHILD Dorothy Sloper

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.			yes.	April 6th, 1913

FATHER	MOTHER
FULL NAME: William Harvey Sloper	FULL MAIDEN NAME: Jessie E. Esler
RESIDENCE: St Maries	RESIDENCE: St Maries
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 42 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: California U.S.A.	BIRTHPLACE: Sault Ste Marie, Mich.
OCCUPATION: Painter	OCCUPATION: House wife

Number of child of this mother, including present birth... 2 ....

Number of children, of this mother, now living, including present birth... 2 ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. J. Kinsolving, Physician (Physician or Midwife)

Address St Maries Ida.

Given names added from a supplemental report

April 10, 1913

Registrar

Filed 5/10 1913 D. D. Drennan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JUL 17 1967

239-107-028-364

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 12800 A+B

County of Kootenai

City of Harrison

Registration District No. 12

No. ____, ____ *St.*

Primary Registration District No. 2049

Registered No. 387

Hospital ____

FULL NAME OF CHILD Lorenzo Pietro Scicchetti
Antonio Giacomo Scicchetti

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Males	Twins		Yes	April 7, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Giovendo Scicchetti	FULL MAIDEN NAME: Teresa Tom
RESIDENCE: Harrison	RESIDENCE: Harrison
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12.10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard L Lisle
Physician
(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19.....

..... *Registrar*

Filed 5/10 19 13 A. L. Lamoreaux *Registrar*

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1947

OCT 10 1942

DUP OF 1913-19973

239-107-028-364

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

File No. 12800 A+B

County of Kootenai

City of Harrison

Registration District No. 12

No. ____, ____ *St.*

Primary Registration District No. 2049

Registered No. 387

Hospital ____

FULL NAME OF CHILD Lorenzo Pietro Scicchetti
Antonio Giacomo Scicchetti

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Males	Twins		Yes	April 7, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Giovendo Scicchetti	FULL MAIDEN NAME: Teresa Tom
RESIDENCE: Harrison	RESIDENCE: Harrison
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 3

Number of children, of this mother, now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Howard L Lisle
Physician
(Physician or Midwife)

Address Harrison Idaho

Given names added from a supplemental report

..... 19....

..... *Registrar*

Filed 5/10 19 13 A. A. Swanson *Registrar*

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

FEB 21 1947

OCT 10 1942

DUP OF 1913-19973

995-114-028-466

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Fremont

City of St. Monies.

No. Ranch St.

Hospital

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12801

Registration District No. 12 File No.

Primary Registration District No. 2049 Registered No. 788

FULL NAME OF CHILD James Pierpoint Irwin Jr.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes.	April 14, 1913

FATHER	MOTHER
FULL NAME James Pierpoint Irwin.	FULL MAIDEN NAME Isabella Moore.
RESIDENCE St Monis (Ranch) Idaho.	RESIDENCE St Monis
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 50 (Years)	AGE AT LAST BIRTHDAY 39 (Years)
BIRTHPLACE Texas	BIRTHPLACE Mo.
OCCUPATION Rancher.	OCCUPATION Home Wife.

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. J. Armstrong

Physician

(Physician or Midwife)

Given names added from a supplemental report

April 20, 1913

Address St Monies Idaho

Filed 4/10 1913

Registrar

S-Y CO., 16670

Registrar

OCT 8 1974

553-114-028-168

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C-15m-6-30-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St Maries — Registration District No. 12 — File No. 12802

No. ____, 2nd St. — Primary Registration District No. 2079 — Registered No. 384

Hospital ____

FULL NAME OF CHILD John Oscar Nelson.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male.			yes.	April (Month) 14 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME John Anton Nelson.	FULL MAIDEN NAME Jorda Alice Johnson.
RESIDENCE St Maries.	RESIDENCE St Maries.
COLOR White.	COLOR White.
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Sweeden.	BIRTHPLACE Sweeden.
OCCUPATION Laborer.	OCCUPATION Home Wife.

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D J Kinsbury M.D.

Physician (Physician or Midwife)

Address St Maries Idaho

Given names added from a supplemental report

April 20, 1913

Filed 5/10 1913 D L Freeman Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

331-115-028-314

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of St. Maries

No. ## ## St.

Hospital ## ##

Form V. S. No. S.-Y.-Rev. 2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 1 V

File No. 12803

Primary Registration District No. 2049

Registered No. 390

FULL NAME OF CHILD Elsmere Laurence Clark

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	4 - 15 1913

FATHER		MOTHER	
FULL NAME	Orem Laurence Clark	FULL MAIDEN NAME	Maryme Grace Lamson
RESIDENCE	St. Maries	RESIDENCE	St. Maries
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Michigan	BIRTHPLACE	Nebraska
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10 45/11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

Physician (Physician or midwife)

Address St. Maries, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 5/10 1913 D D Drennan
Registrar

S-Y CO. 20174

JUN 13 1945

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

154-116-028-279

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Coeur d'Alene

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 File No. [illegible]304

Primary Registration District No. 2051 Registered No. 391

FULL NAME OF CHILD Kenneth Andersen

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Male	1		Yes	Apr. 16 [illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Elmer Andersen	FULL MAIDEN NAME	Gertrude Springer
RESIDENCE	Spirit Lake	RESIDENCE	Sp Lake
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	N D	BIRTHPLACE	N. D.
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earle S. Preidt M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed 5/10 1918 D. D. Cranmer Registrar

S-Y CO. 20174

K

MAY 6 1975

536-147-028-331

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11-C—15m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries Registration District No. 17 File No. 12805

No. 2 nd St. Primary Registration District No. 2049 Registered No. 392

Hospital

FULL NAME OF CHILD Samuel Reed Elwell.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.			yes.	April 17, 1913

FATHER	MOTHER
FULL NAME Fredrick Reed Elwell.	FULL MAIDEN NAME Florida Clawson
RESIDENCE St Maries Idaho.	RESIDENCE St Maries.
COLOR White. AGE AT LAST BIRTHDAY 28 (Years)	COLOR White. AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Indiana
OCCUPATION Boarder.	OCCUPATION H. wife

Number of child of this mother, including present birth 2 Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. Kinsolving

Physician (Physician or Midwife)

Address St Maries Idaho.

Given names added from a supplemental report

April 25, 1913

Filed May 10 1913

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 31 1941

AUG 16 1976

381-220-028-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12 File No. 12806

No. ____ St.

Primary Registration District No. 20-1 Registered No. 393

Hospital ____

FULL NAME OF CHILD Mary Frances Chandler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	Ap. 20. 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles E. Chandler	Julia F. Burrows
RESIDENCE	Twin Lakes	~~Rathdrum~~ Twin Lakes
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Minn.	Wash.
OCCUPATION	farmer	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 a. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Ven

Physician

(Physician or midwife)

Address Rathdrum Ida

Given names added from a supplemental report

....., 19....

.....
Registrar

Filed 5/10 1913 L L Drennan
Registrar

S-Y CO. 20174

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—2m-9-15-12

AMENDED - JUNE 20. 1949

PLACE OF BIRTH

569-22-0281

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ____ St.

Hospital ____

Registration District No. 12 File No. 12807

Primary Registration District No. 2051 Registered No. 394

FULL NAME OF CHILD Charlotte Clo Northway
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 22 192 13

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

FATHER

FULL NAME: William L. Northway

RESIDENCE: Rathdrum

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Iowa

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Nellie Blain

RESIDENCE: Rathdrum

COLOR: White AGE AT LAST BIRTHDAY: 41 (Years)

BIRTHPLACE: Missouri

OCCUPATION: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) D. D. Drennan, M.D.

(Physician or midwife)

Address Rathdrum, Idaho

Filed 5-10-13 192 D. D. Drennan Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Kootenai } ss.

Certificate No. 12807

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Vera Northway (Name on Original Certificate) who Apr. 22nd (Was Born or Died) on 1913 (Date of Event)
in Rathdrum, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by personal knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Vera	Charlotte Clo Northway
~~Mother's name~~	~~Nellie Blain~~	~~Sarah N. Downing~~ Sanders

Subscribed and sworn to before me this 27th day of May, 19 49

Notary Public, residing at Coeur d'Alene

My commission expires 12/1/49
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Grangeville, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of }
County of } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

JUN 20 1949

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. [illegible]-C—15m—6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

Registration District No. 12

File No. 12807

No. ____, ____ St.

Primary Registration District No. 2051

Registered No. 394

Hospital

FULL NAME OF CHILD Vera Northway

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	April 22, 1913

FATHER

FULL NAME	Wm L Northway
RESIDENCE	Rathdrum
COLOR	White
AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Iowa
OCCUPATION	Farmer

MOTHER

FULL MAIDEN NAME	Nellie Blair
RESIDENCE	"
COLOR	"
AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Mo
OCCUPATION	

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L L Freeman M D

(Physician or Midwife)

Address Rathdrum

Given names added from a supplemental report

....., 19.....

Filed 5/10 1913 L L Freeman

Registrar

S-Y CO., 16670

Registrar

631 - 223-028-613

Form V. S. No. 11-C—Rev-3-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Spirit Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12 — File No. 12808

Primary Registration District No. 2051 — Registered No. 394

FULL NAME OF CHILD Baby Wlasuccas

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem	1		Yes	Apr 23 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Joseph Wlasuccas	FULL MAIDEN NAME	Julia Walaicole
RESIDENCE	Spirit Lake	RESIDENCE	Sp L
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Russia	BIRTHPLACE	Russia
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11:5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl S Brindley MD

(Physician or midwife)

Address Spirit Lake

Given names added from a supplemental report

..... 19.....

Filed 5/10 19 13 D D Brennan

Registrar

..... Registrar

8-Y CO. 20174

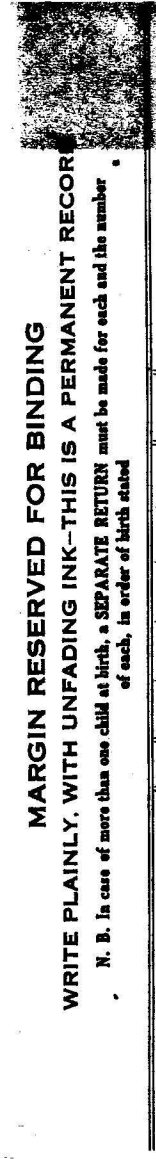
Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

(County of)



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

433-127-038-663

County of Gunnison, Colorado

CERTIFICATE OF BIRTH

City of Gunnison — Registration District No. 12 — File No. 12810

No. ____, ____ St. — Primary Registration District No. 2051 — Registered No. 346

Hospital ____

FULL NAME OF CHILD Elbert McCarty

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 27, 1913

FATHER		MOTHER	
FULL NAME	Bradford McCarty	FULL MAIDEN NAME	Myrtle Folkerson
RESIDENCE	Gunnison	RESIDENCE	Gunnison
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	22	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Kans.	BIRTHPLACE	N.Y.
OCCUPATION	Helper Dynamite	OCCUPATION	Hse

Number of child of this mother, including present birth 1 — Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Living (Born alive or stillborn), at 10.30p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) D D Brennan M D

(Physician or Midwife)

Address Gunnison

Filed 5/10 19 13 D D Brennan Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated

City of Post Falls — Registration District No. 12 — File No. 12811

No. ____, ____ St. — Primary Registration District No. 2057 — Registered No. 397

Hospital ____

FULL NAME OF CHILD Henry Melvin Pomeroy

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	/	—	yes	April 27, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ralph D. Pomeroy	Mary A. Lodge
RESIDENCE	Rural Post-Falls, Ida	Rural Post-Falls, Ida.
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	33	22
BIRTHPLACE	Pennsylvania	Kansas
OCCUPATION	Rancher	House-wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.F. Campbell M.D.

(Physician or Midwife)

Address ____

Given names added from a supplemental report

____, 19____

____ Registrar

Filed 5/10 1913 — Registrar

S-Y CO., 16670

OCT 2 1 1943

613 - 203-028- 289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Near Spokane Bridge

No. ..... St.

Hospital .....

Form V. S. No. 11 [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 12

File No. 12812

Primary Registration District No. 2057

Registered No. 398

FULL NAME OF CHILD Pauline Walters

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			Yes	Apr 3 1913

FATHER		MOTHER	
FULL NAME	Edward E. Walters	FULL MAIDEN NAME	Lucile Shipp
RESIDENCE	Near Spokane Bridge	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	N. Y.	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	Hse

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) L. D. Brennan M.D.

(Physician or midwife)

Address Kamiah Idaho

Filed 5/10 1913 L. D. Brennan Registrar

S-Y CO. 20174

249-115-028-219

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of Rathdrum

No. ..... St.

Registration District No. 14 File No. 12813

Primary Registration District No. 2057 Registered No. 399

Hospital .....

FULL NAME OF CHILD Robert Baird Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	Oct 15 [illegible]

FATHER	MOTHER
FULL NAME: William J. Smith	FULL MAIDEN NAME: Ollie J Baird
RESIDENCE: Rathdrum	RESIDENCE: "
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 43 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Rancher	OCCUPATION: H W

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Freeman M.D.

(Physician or midwife)

Address Rathdrum

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 5/10 1913 L. L. Freeman Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 9 1967

cc 3/5/41 rmf

618-231-028-289

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-[illegible]

CERTIFICATE OF BIRTH

County of Kootenai

City of Athol

Registration District No. 12

File No. 12814

No. ..... St.

Primary Registration District No. 2051

Registered No. 2400

Hospital .....

FULL NAME OF CHILD Margrete Byrne Waymire

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	May 31 1913

FATHER		MOTHER	
FULL NAME	Albert G Waymire	FULL MAIDEN NAME	Catherine Byrne
RESIDENCE	Athol	RESIDENCE	"
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Mont.
OCCUPATION	Rancher	OCCUPATION	Her

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. L. Brennan M. D.

(Physician or midwife)

Address Parkline

Given names added from a supplemental report

..... 19.....

Filed June 10 1913 L. L. Brennan

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

36-130
103815

[redacted] Bannock

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

City of Downey — Registration District No. 11 — File No. 12815

No. ____ St. — Primary Registration District No. 2046 — Registered No. 128

Hospital ____

FULL NAME OF CHILD Hyrum Blackham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
M		Yes	March 30 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Weber D. Blackham	FULL MAIDEN NAME	Grace Henderson
RESIDENCE	Downey Idaho	RESIDENCE	Downey Idaho
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Downey Ida	BIRTHPLACE	Clifton Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 5-9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper Larsen, M.D.
(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaney
Registrar

Filed May 16, 1913 Ellis Kaney
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number, of each, in order of birth stated.

PLACE OF BIRTH

County of

469-202-003-612

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Downey

No. ____ St.

Hospital ____

Registration District No. 11 File No. 12816

Primary Registration District No. 3046 Registered No. 127

FULL NAME OF CHILD Grace Dowis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 2 1913

FATHER		MOTHER	
FULL NAME	Jesse Jesse David	FULL MAIDEN NAME	Emma Wakley
RESIDENCE	Downey Ida	RESIDENCE	Downey Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Rockland Ida.	BIRTHPLACE	Downey Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 12.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Asbern W. Lowder M.D.

(Physician or ~~midwife~~)

Address Downey Idaho

Given names added from a supplemental report

19 ____

Ellis Kaney Registrar

Filed May 16, 1913 Ellis Kaney Registrar

S-Y CO. 20174

386-117-003-689

PLACE OF BIRTH

County of Bannock

City of Downey

No. _____ St.

Hospital _____

FULL NAME OF CHILD Hebe Reed Thurn

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12817

Primary Registration District No. 2046 Registered No. 124

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		yes	Apr 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marion A Thomas	Pearl White
RESIDENCE	Downey	Downey
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	Richmond Utah	Swan Lake Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 p. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Carl A. Sandness

(Physician or ~~midwife~~)

Address Downey

Given names added from a supplemental report

..... 19.....

Ellis Kasey Registrar

Filed May 10, 1913

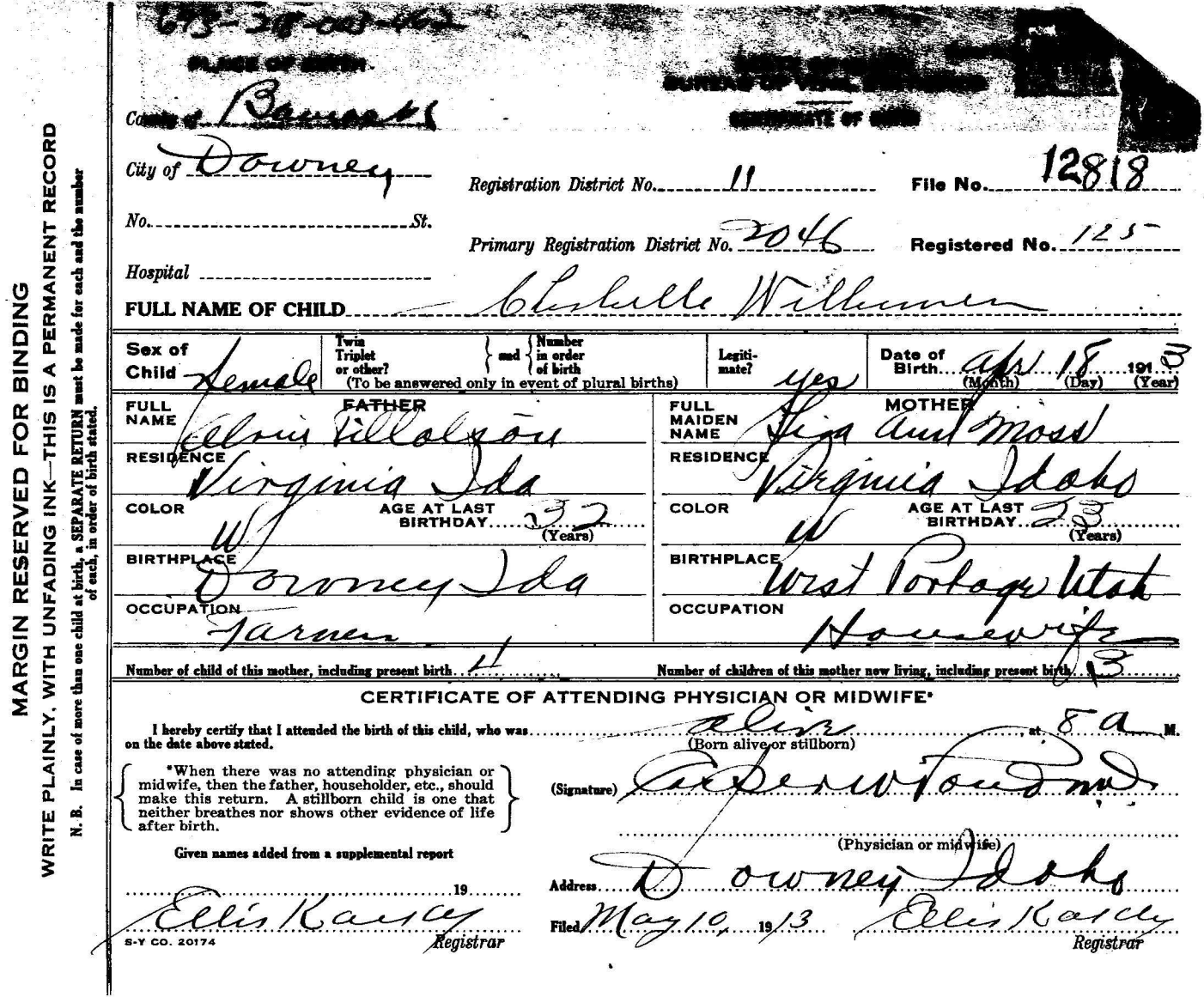
Ellis Kasey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



675-38-00462

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Downey

Registration District No. 11 File No. 12818

No. St.

Primary Registration District No. 2046 Registered No. 125

Hospital

FULL NAME OF CHILD Estelle Willumsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Apr 18 1913

	FATHER	MOTHER
FULL NAME	Ellis Tillotson	FULL MAIDEN NAME Eliza Ann Moss
RESIDENCE	Virginia Ida	RESIDENCE Virginia Idaho
COLOR	W	COLOR W
AGE AT LAST BIRTHDAY	32 (Years)	23 (Years)
BIRTHPLACE	Downey Ida	BIRTHPLACE West Portage Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. Dewitt Todd M.D.

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaercy Registrar

Filed May 10, 1913 Ellis Kaercy Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1-62

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH -

County of

814-116-003-714

Form V. S. No. 11.0 [redacted]

PLACE OF BIRTH

County of Bannock

City of Swan Lake

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12819

Primary Registration District No. 2046 Registered No. 126

FULL NAME OF CHILD Dean Alma Hadley

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		Yes	Apr. 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma Hadley	Elizabeth Fanting
RESIDENCE	Swan Lake Ida	Swan Lake Ida
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	30
BIRTHPLACE	Brigham City Utah	Soda Springs Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 am M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Casper W. Taylor M.D.

(Physician or midwife)

Address Downey Idaho

Given names added from a supplemental report

..... 19.....

Filed May 19 13

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C-20m-3-13-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Depaf 1913-277467

813-105-003-663

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. ____ St.

Hospital ____

Registration District No. 11 File No. 12870

Primary Registration District No. 2047 Registered No. 142

FULL NAME OF CHILD Harris Hall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	May 5 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Leo Harris Hall	FULL MAIDEN NAME	Esther Wolverton
RESIDENCE	McCammon	RESIDENCE	McCammon
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Portage Utah	BIRTHPLACE	Robin Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 9 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Lewis

midwife (Physician or midwife)

Address McCammon Idaho

Given names added from a supplemental report

..... 19.....

Filed May 13

..... Registrar

S-Y CO. 20174

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

697-212-003-813

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12821

County of Bannock

City of McCammon

No. ..... St.

Registration District No. 11 File No. .....

Primary Registration District No. 2047 Registered No. 139

Hospital .....

FULL NAME OF CHILD Eva Argill

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Female		Yes	May (Month) 12 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Thomas E Argill	FULL MAIDEN NAME: Estella Hall
RESIDENCE: McCammon	RESIDENCE: McCammon
COLOR: White	AGE AT LAST BIRTHDAY: 39 (Years)
BIRTHPLACE: Paradise Utah	COLOR: White
OCCUPATION: Rancher	AGE AT LAST BIRTHDAY: 28 (Years)
	BIRTHPLACE: Portage Utah
	OCCUPATION: Ranchers Wife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 30 A.M. on the date above stated.

(Signature) Mrs W W Lewis

Midwife (Physician or midwife)

Address McCammon Idaho

Filed May 19 19 13 Ellis Kaercy Registrar

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kaercy Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

249-212-003-994

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of McCammon

No. _____ St.

Hospital _____

Registration District No. 11

Primary Registration District No. 2047

File No. 12822

Registered No. 138

FULL NAME OF CHILD Ione Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	May 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	B Smith	Margret Riddle
RESIDENCE	McCammon	McCammon
COLOR	Mixed-Indian	White
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Temple Texas	Silver Creek Nebraska
OCCUPATION	Laborer	Laborers Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs W W Ferris

midwife (Physician or midwife)

Address McCammon Idaho

Given names added from a supplemental report

..... 19.....

Ellis Karcy Registrar

S-Y CO. 20174

Filed May 10, 19 13 Ellis Karcy Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Amended 2-12-60

PLACE OF BIRTH

155-205-003-466

County of Bannock

City of Robin

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12823

Primary Registration District No. 2047 Registered No. 123

FULL NAME OF CHILD Sarah Vilate Jenkins

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	May 5, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

FATHER	MOTHER
FULL NAME: William Jenkins	FULL MAIDEN NAME: Mary Elizabeth Mower
RESIDENCE: Robin, Idaho	RESIDENCE: Robin
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

..... 192.....

..... Registrar.

(Signature) Nancy E. Marley

Midwife
(Physician or midwife)

Address Robin, Idaho

Filed May 10, 1913 Ellis Kackley
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Affidavit sent on the below correction - March 18, 1958 -

Documents listed on back -

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12823

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Jane Jenkins (Name on Original Certificate) who born (Was Born or Died) on May 5, 1913 (Date of Event)
in Robin (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Jane Jenkins	Sarah Vilate Jenkins

Subscribed and sworn to before me this 10th day of April, 1958.
Mildred E. Lindenpeknutt
Notary Public, residing at McCammon, Ida.
My commission expires Oct 25th 1959
(Seal)

Signed Mary Mower Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
McCammon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1958.
Mildred E. Lindenpeknutt
Notary Public, residing at McCammon, Ida.
My commission expires Oct 25-1959
(Seal)

Signed Grover Lewis
(Signature of Any Credible Person)
McCammon, Idaho.
(Street Address, City, State)

FORM DPH 55. 153

NMCL 3-17-58 1 copy paid

Own Child's Birth Certificate on file, #351408 gives mother's full name as Sarah Vilate Jenkins - viewed by V.S.

L.D.S. Temple Recommend, November 9, 1931, gives full name of child as Sarah Vilate Jenkins, single, born May 5, 1913 at Robin, Idaho - Baptized July 5, 1924 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12823

County of Bannock

City of Robin

No ____, ____ St.

Hospital ____

Registration District No 11 File No. ____

Primary Registration District No 2047 Registered No. 123

FULL NAME OF CHILD Jane Jenkens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 5th 1913

FATHER		MOTHER	
FULL NAME	William Jenkins	FULL MAIDEN NAME	Mary Elizabeth Mowser
RESIDENCE	Robin Idaho	RESIDENCE	Robin
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) on the date above stated. at 24 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Robin Idaho

Given names added from a supplemental report

____, 19____

Ellis Kaseg Registrar

Filed May 10, 1913 Ellis Kaseg Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

FEB 17 1960

353-208-003-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

*No*_____, _____ *St.*

Hospital _____

Registration District No. 11 **File No.** 12824

Primary Registration District No. 2047 **Registered No.** 118

FULL NAME OF CHILD Rachel J Elford

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	—	—	yes	May 8, 1913

FATHER		MOTHER	
FULL NAME	Louis J Elford	FULL MAIDEN NAME	Susanna Brown
RESIDENCE	Mich - Bancroft	RESIDENCE	Bancroft, Ida
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	45	AGE AT LAST BIRTHDAY (Years)	43
BIRTHPLACE	Mich	BIRTHPLACE	Mich
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth 9

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 12 noon on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kasey

(Physician or ~~Midwife~~)

Address Soda Springs

Given names added from a supplemental report

_____, 19____

Ellis Kasey
Registrar

Filed May 11 1913 Ellis Kasey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

915-108-003-867

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ____ St.

Hospital ____

Registration District No. 11 — File No. 12825

Primary Registration District No. 2048 — Registered No. 133

FULL NAME OF CHILD Lorin George Rawson

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	March 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Ames Rawson	Eva Inez Hopkin
RESIDENCE	Cleveland	Cleveland
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	27	23
BIRTHPLACE	Cleveland	Latah Co Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2 — Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Mid. Wife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

....., 19.....

Ellis Kaney Registrar

Filed May 10, 1913 Ellis Kaney Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1962

143-120-003-363

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Treasureton Registration District No. 11 File No. 12826

No. _____ St. Primary Registration District No. 2048 Registered No. 131

Hospital _____

FULL NAME OF CHILD William Austin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	April 20 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William John Austin	Ida Kaziah Cole
RESIDENCE	Treasureton	Treasureton
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Trenton Utah	Willard Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Sandgreen

Mid Wife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

_____ 19____

Ellis Kaseley
Registrar

Filed May 10 1913

Ellis Kaseley
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—30m-2-10-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

632-113-003-219

PLACE OF BIRTH

County of Bannock

City of Link Creek

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 11 File No. 12827

Primary Registration District No. 2048 Registered No. 140

FULL NAME OF CHILD Vester A. Olsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Twin	1	Yes	April 13, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Evan A. Olsen	Agnes Bell Barr
RESIDENCE	Link Creek	Link Creek
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) 8.35 at a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife

(Physician or Midwife)

Address Mink Creek

Given names added from a supplemental report

____, 19____

Ellis Kaufy

Registrar

Filed May 10, 1913 Ellis Kaufy

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DECEASED

863-206-003-313

PLACE OF BIRTH

County of Bannock

City of Chesterfield

No. Named Changed St.

Hospital 7/13/81

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12828

Primary Registration District No. 2648 Registered No. 143

FULL NAME OF CHILD Florence Holbrook

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F		Yes	Apr 6 1913

FATHER	MOTHER
FULL NAME J. Earl Holbrook	FULL MAIDEN NAME Nanie Call
RESIDENCE Chesterfield	RESIDENCE Chesterfield
COLOR W	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Utah	COLOR W
OCCUPATION Farming	BIRTHPLACE Utah
	OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. E. G. Smith

(Physician or midwife)

Address Preston Ida

Given names added from a supplemental report

..... 19.....

Ellis Kanly
Registrar

Filed May 19, 19 13

Ellis Kanly
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 13 1981

3-12-81

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Caribou } ss. MAY 12 10 02 AM '81

Certificate No. 12828
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Mildred Holbrook (Name on Original Certificate) who was born (Was Born, Died, etc.) on 4-6-13 (Date of Event)

in Chesterfield (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Mildred Holbrook	Florence Holbrook

Subscribed and sworn to before me this 8 day of May, 1981.

Notary Public, Evan L. Daniels
Residing at Bancroft, Idaho
My commission expires 1-14-84
(Seal)

Florence Daniels
Signature of Applicant

Bancroft Id 83217
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Caribou } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8 day of May, 1981.

Notary Public, Evan L. Daniels
Residing at Bancroft, Idaho
My commission expires 1-14-84
(Seal)

Lawrence E. Holbrook
Supporting Signature

Bancroft Ida RT 1 Box 13 83217
Street Address, City, State

1 cc pd

Certificate of Baptism gives name as Florence Davids, daughter of Earl Holbrook and Mamie Call born April 6, 1913 at Chesterfield, Idaho. Baptized May 28, 1921.

JUL 13 1981

Viewed by V.S.

Idaho Motor Vehicle operators license gives name as Florence Dairds born April 6, 1913, issued in Idaho 1974, # 518-32-4397.

Viewed by V.S.

128-204-003-157

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12829

Primary Registration District No. 2048 Registered No. 144

FULL NAME OF CHILD Maud Aston

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 4 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank M Aston	Nora Jepson
RESIDENCE	Bancroft Idaho	Bancroft
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Bancroft Ida	Logan Utah
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Maud Aston (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Address Bancroft

Given names added from a supplemental report

....., 19.....

Ellis Kacey
Registrar

Filed May 10, 1913 Ellis Kacey
Registrar

8-Y CO. 20174

Form U. S. No. 11-C-20m-8-15-12

253-224-003-555

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

Registration District No. 11 File No. 12830

Primary Registration District No. 2048 Registered No. 145

FULL NAME OF CHILD Marian Claire Becker

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
girl					March 24 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	E L Becker	FULL MAIDEN NAME	Marion Edorth Reed
RESIDENCE	Bancroft	RESIDENCE	Bancroft Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Ohio
OCCUPATION	Sawyer	OCCUPATION	house Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Easton

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Bancroft

Filed May 19 1913 Elsie Kaney
Registrar

Elsie Kaney
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-100-003-245

Amended 8-20-81

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No ....., ... St.

Registration District No 11 File No 12831

Primary Registration District No 2048 Registered No. 121

Hospital .....

FULL NAME OF CHILD James William Corrigan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	May 10, 1913

FATHER		MOTHER	
FULL NAME	John Corrigan	FULL MAIDEN NAME	Minnie Jane Doyle
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Ireland	BIRTHPLACE	Tenn
OCCUPATION	Rancher	OCCUPATION	wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kasey

(Physician or ~~Midwife~~)

Address Soda Springs

Given names added from a supplemental report

....., 19.....

Ellis Kasey
Registrar

Filed May 10, 1913 Ellis Kasey
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
AUG 20 1981
Bureau of Vital Statistics

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____
County of _____ } ss.

Certificate No. 12831
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for John Corrigan (Name on Original Certificate) who was born (Was Born, Died, etc.) on May 9, 1913 (Date of Event)

in Soda Springs (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
child's name	John Corrigan	James William Corrigan
date of birth	May 9, 1913	May 10, 1913
Maiden name of mother	Mary Smith	Minnie Jane Doyle

Subscribed and sworn to before me this 17 day of August, 1981.

Notary Public, Gloria Jean Lincoln

Residing at Belfair, Washington

My commission expires 7-3-84

(Seal)

James William Corrigan
Signature of Applicant

Gr Rt 2 Box 394 BELFAIR WA 98528
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Correction corresp. 8-10-81 1 copy pd

Family record of mother's family gives her name as Minnie Jane Doyle born to William Simon Doyle and Sally Smith. Birthdate of mother id Jan. 21, 1881. This same family record also gives name of child as James William Corrigan born May 10, 1913, in Idaho.
Viewed by V.S.

AUG 20 1981

Certificate of Death of mother gives her name as Minnie Jane Doyle Corrigan. Died May 11, 1973, in Seattle-King County, Washington. Copy issued May 21, 1973.
Viewed by V.S.

Employment record issued by the Boeing Company, of Seattle, Washington gives name of employee as James William Corrigan born May 10, 1913, Soda Springs, Idaho to John Thomas Corrigan and Minnie Jane Doyle. Issued by J. H. Speckelmire, Manager Personnel Records Employed 1944.
Viewed by V.S.

659-203-003-259

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12832

Primary Registration District No. 2048 Registered No. 122

FULL NAME OF CHILD La Fern Ferguson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	Y	May 3, 1913

FATHER		MOTHER	
FULL NAME	John Ferguson	FULL MAIDEN NAME	Emma Stuart
RESIDENCE	Georgetown, Idaho	RESIDENCE	Georgetown, Id.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Forest Guard	OCCUPATION	Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Keach

(Physician or ~~Midwife~~)

Address Soda Springs

Given names added from a supplemental report

....., 19.....

Ellis Keach Registrar

Filed May 10, 1913 Ellis Keach Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

249-104
003-965

PLACE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12833

Primary Registration District No. 2C 4S Registered No. 129

FULL NAME OF CHILD William Burton

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			Yes	April 4 1913

FATHER		MOTHER	
FULL NAME	Caleb Johnson Burton	FULL MAIDEN NAME	Agnes Amelia Ransom
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Bountiful Utah	BIRTHPLACE	Trenton Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6, 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kanely Registrar

Filed May 16 1913 Ellis Kanely Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH
PLACE OF BIRTH
15833

249-209-003-249

Amended 10-27-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12834
Local Reg. No. 130
Reg. Dist. No. 11

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the district where the birth occurred WITHIN 10 days after the date of birth of the child. Address to VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cleveland
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Cleveland
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Annie
b. (Middle): L.
c. (Last): Smith

4. SEX: Girl

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): May 9, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): William
b. (Middle):
c. (Last): Smith

8. AGE (At time of this birth): 50 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Smithfield, Ut.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Margret
b. (Middle): Kay
c. (Last): Smith

13. AGE (At time of this birth): 47 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Smithfield, Ut.

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 5
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary Londgreen

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Treasureton, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 16, 1913

22. REGISTRAR'S SIGNATURE: Ellis Kackley

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Franklin }

Certificate No. 12834

RECEIVED MAR 29 1965 Bureau of Vital Statistics

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Ann Smith (Name on Original Certificate) who was born (Was Born or Died) on May 9, 1913 (Date of Event)
in Cleveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ann Smith	Annie [redacted] Smith
		Lyle

Subscribed and sworn to before me this 10 day of February, 1965.

Notary Public, residing at Preston Idaho
My commission expires 4-5-65
(Seal)

Signed Wilkie R. Burton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

65 E. 2nd No. preston Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Franklin }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10 day of February, 1965.

Notary Public, residing at Preston Idaho
My commission expires 4-5-65
(Seal)

Signed Burton R Burton
(Signature of Any Credible Person)

Preston Idaho
(Street Address, City, State)

FORM DH 60-155

CL 11-13-64. ~~mm~~ one copy pd.rec. #11911.

L.D.S. Church Cert. of Blessing, Oct. 5, 1913 gives full name as Annie Lyle Smith, daughter of Wm. Smith and Margret K. Sant, born May 9, 1913 at Cleveland, Idaho - viewed by V.S.

High School Diploma gives full name as Annie L. Smith - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Registration District No. 11 File No. 12834

Primary Registration District No. 2048 Registered No. 130

Hospital .....

FULL NAME OF CHILD Ann Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Girl			Yes	May 1 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	William Smith	FULL MAIDEN NAME	Margreth Kay Smith
RESIDENCE	Cleveland Idaho	RESIDENCE	Cleveland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	47 (Years)
BIRTHPLACE	Smithfield, Ut	BIRTHPLACE	Smithfield
OCCUPATION	Farmer	OCCUPATION	Housewife, Ut

Number of child of this mother, including present birth 11 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 11 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

Ellis Kansley Registrar

(Signature) Mary Lundgreen

Midwife

(Physician or midwife)

Address Treasureton Idaho

Filed May 16, 1913 Ellis Kansley Registrar

S-Y CO. 20174

OCT 27 1965

791-214-003-314

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Perry

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 — File No. 12835

Primary Registration District No. 2048 — Registered No. 132

FULL NAME OF CHILD Inay Gray

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			Yes	April 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Clark Parker Gray	Lila Inay Campbell
RESIDENCE	Perry	Perry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	29
BIRTHPLACE	Preston	Montpelier, Ida
OCCUPATION	Teacher	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lundgreen

Midwife (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

____ 19____

Ellis Kasley Registrar

Filed May 10, 1913 Ellis Kasley Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

316-208-003-759

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Robin

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 11 File No. 12836

Primary Registration District No. 2048 Registered No. 141

FULL NAME OF CHILD Rowena Lawrence

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	april 8, 1913

FATHER		MOTHER	
FULL NAME	Robert Powell Lawrence	FULL MAIDEN NAME	Christina Gordon Gerrard
RESIDENCE	Robin, Idaho	RESIDENCE	Robin, Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	32
COLOR	White	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Wales	BIRTHPLACE	Scotland
OCCUPATION	Farmer	OCCUPATION	Wife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19....

Ella Kaercher
Registrar

(Signature) Nancy E. Marley

(Physician or Midwife)

Address Robin Idaho

Filed May 12, 19 13 Ella Kaercher
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JAN 20 1960
FEB 21 1975

294 - 110 - 003 - 294

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bannock

City of Soda Springs

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 11 — File No. 12837

Primary Registration District No. 2048 — Registered No. 119

FULL NAME OF CHILD Joseph Simmons

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	—		—	Yes	May 10, 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Jos. Simmons	FULL MAIDEN NAME Ina Simonson
RESIDENCE Soda Springs	RESIDENCE Soda Springs
COLOR W — AGE AT LAST BIRTHDAY 29 (Years)	COLOR W — AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Wife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) on the date above stated., at 7 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellis Kacy

(Physician or ~~Midwife~~)

Address Soda Springs

Given names added from a supplemental report

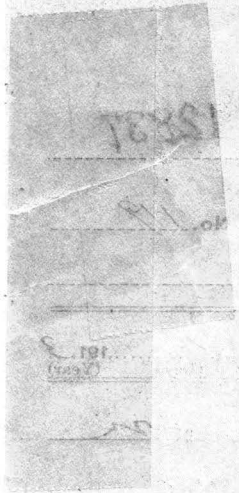
____, 19____

Ellis Kacy
Registrar

Filed May 10 1913

Ellis Kacy
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



318-119-003-369

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12838

Primary Registration District No. 2048 Registered No. 146

FULL NAME OF CHILD Robert Glen Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy				March 19 1913

FATHER		MOTHER	
FULL NAME	John R Taylor	FULL MAIDEN NAME	Minnie Cornelioson
RESIDENCE	Bancroft Idaho	RESIDENCE	Bancroft Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Battle Creek Ida	BIRTHPLACE	North Carolina
OCCUPATION	Farmer	OCCUPATION	house wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Robert Glen Taylor, at 7 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Alice Aston

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed March 19 13 Ellis Kaufelay Registrar
By [illegible]

S-Y CO. 20174

JUN 21 1955

MAY 11 1942

249-213-003-595

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ____ St.

Registration District No. 11 File No. 12839

Primary Registration District No. 2048 Registered No. 135

Hospital ____

FULL NAME OF CHILD Mary Jane Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl			yes	March 13 1913

FATHER		MOTHER	
FULL NAME	George Albert Smith	FULL MAIDEN NAME	Hannah Margaretha Wilson
RESIDENCE	Cleveland	RESIDENCE	Cleveland
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Clifton Idaho	BIRTHPLACE	Cleveland Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Lord Green

M. D. Wife
(Physician or midwife)

Address Treasureton Idaho

Given names added from a supplemental report

____ 19____

Ellis Kanely
Registrar

Filed May 10, 1913 Ellis Kanely
Registrar

8-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

229-209-003-845

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Bannock

City of Soda Springs

No ____, ____ St.

Registration District No 11 File No. 12840

Primary Registration District No. 2048 Registered No. 120

Hospital ____

FULL NAME OF CHILD Nellis S Kinner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	— and —	—	Yes	May 9, 1913

FATHER		MOTHER	
FULL NAME	Geo. S Kinner	FULL MAIDEN NAME	Anna Young
RESIDENCE	Soda Springs	RESIDENCE	Soda Springs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Blacksmith	OCCUPATION	Wife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 P. M. on the date above stated.

(Signature) Ellis Kinner

(Physician or ~~Midwife~~)

Address Soda Springs

Filed May 9, 1913 Ellis Kinner Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Ellis Kinner Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

632-213-003-219

PLACE OF BIRTH

County of Bannock

City of Mink Creek

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

12841

Registration District No. 11 File No. ~~12841~~

Primary Registration District No. 2048 Registered No. 140

FULL NAME OF CHILD Vesta Agnes Olsen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Twin	2	yes	April 13, 1913

FATHER		MOTHER	
FULL NAME	George A. Olsen	FULL MAIDEN NAME	Agnes Bell Baird
RESIDENCE	Mink Creek	RESIDENCE	Mink Creek
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated. 9 5, at 9 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Serena Christensen

Midwife (Physician or Midwife)

Given names added from a supplemental report

____, 19____

Ellis Kasley Registrar

Address ____

Filed May 10, 1913 Ellis Kasley Registrar

SLV CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

546-111-003-657

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Cleveland

No. ..... St.

Registration District No. 11 File No. 12842

Primary Registration District No. 2048 Registered No. 137

Hospital .....

FULL NAME OF CHILD John Longhart Edwards

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Boy			yes	May (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	David Titus Edwards	FULL MAIDEN NAME	Florence Edith Fern
RESIDENCE	Preston	RESIDENCE	Preston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	34 (Years)
BIRTHPLACE	Willard Utah	BIRTHPLACE	Scranton Pennsylvania
OCCUPATION	Dentist	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P. M., on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Londgreen

Midwife (Physician or midwife)

Address Preston Idaho

Given names added from a supplemental report

..... 19.....

Ellis Kaysey Registrar

Filed May 19 1913 Ellis Kaysey Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 2 1971

313-117-003-313

606

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Bancroft

No. ..... *St.*

Hospital .....

Registration District No. 11 **File No.** 12843

Primary Registration District No. 2048 **Registered No.** 136

FULL NAME OF CHILD Sam Cattoni (Amerigo Angelo Cattoni) (March 17, 1913)

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
m		Yes	Mar 27 1913

FATHER	MOTHER
FULL NAME: Sam Cattoni	FULL MAIDEN NAME: Loralena Cattoni
RESIDENCE: Bancroft	RESIDENCE: Bancroft
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Italy	BIRTHPLACE: Italy
OCCUPATION: Coalchute tender	OCCUPATION: Wife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (born alive or stillborn), at 2 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. R. Smith

(Physician or midwife)

Address Bancroft, Ida.

Given names added from a supplemental report

..... 19.....

Ellis Kaceley
Registrar

Filed May 10, 1913 Ellis Kaceley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

SEP 6 1972

381-119-003857

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Thatcher

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 11 File No. 12844

Primary Registration District No. 2048 Registered No. 134

FULL NAME OF CHILD Kenneth Chapman

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	April 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Walter Chapman	Orida Heaps
RESIDENCE	Thatcher	Thatcher
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	26	20
BIRTHPLACE	Croydan Morgan Co, Utah	Riverdale Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:53 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

Ellis Kartley
Registrar

(Signature) Mary Lond Green
Mid Wife
(Physician or midwife)

Address Treasureton Idaho

Filed May 19 1913 Ellis Kartley
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

c.c. 4/22/41. wh

615 PLACE OF BIRTH 64-29

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

County of [redacted]ington

City of Wash

No. —, St.

Hospital —

Registration District No. 26 File No. 12845

Primary Registration District No. 2112 Registered No. 67

FULL NAME OF CHILD MARGARET Favre

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Fem			yes	4 3 1913

FATHER		MOTHER	
FULL NAME	Lewis John Favre	FULL MAIDEN NAME	Margie Sipe
RESIDENCE	Wash Co Ida	RESIDENCE	Wash Co Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Mo
OCCUPATION	Farmer	OCCUPATION	wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

....., 19.....

.....
Registrar

(Signature) O. T. Anderson M.D.

(Physician or Midwife)

Address Weiser Idaho

Filed April 6 1913 W. R. Hamilton
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 11 1952

689-214-044-455

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Weiser

No. Washington & 5th

Hospital

Registration District No. 26 File No. 12846

Primary Registration District No. 1010 Registered No. 68

FULL NAME OF CHILD May Phoebe Whitlatch

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	#	1	Yes	4 14 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Jesse E. Whitlatch	FULL MAIDEN NAME: Mary Denny
RESIDENCE: Ontario, Oregon	RESIDENCE: Ontario, Oregon
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 39 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Ohio	BIRTHPLACE: Oregon
OCCUPATION: Manager Skating Rink	OCCUPATION: House-wife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12.40 a.m. on the date above stated.

(Signature) C. D. Chinery. M.D.

(Physician or midwife)

Address Weiser, Idaho.

Filed April 15th 1913 W. R. Hamilton Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 28 1942

DEC 31 1974

318-204
006-696

PLACE OF BIRTH

Form V. S. No. 13-0-[illegible]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Aberdeen — Registration District No. 13 — File No. 12848

No. ____ St. — Primary Registration District No. 2029 — Registered No. 47

Hospital ____

FULL NAME OF CHILD Elva Freda Carpenter

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female	—	—	yes	March 1 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME: Cecil Maurice Carpenter	FULL MAIDEN NAME: Freda Rickie Fritz
RESIDENCE: Aberdeen, Ida.	RESIDENCE: Aberdeen, Ida.
COLOR: White — AGE AT LAST BIRTHDAY (Years): 29	COLOR: White — AGE AT LAST BIRTHDAY (Years): 22
BIRTHPLACE: Kansas	BIRTHPLACE: Nebraska
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: Second

Number of children of this mother now living, including present birth: Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:20 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen Ida

Given names added from a supplemental report

....., 19.....

Filed March 1 19 13 M. C. MacKinnon

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

695-214-006-645

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Aberdeen

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 12849

Primary Registration District No. 2029 Registered No. 48

FULL NAME OF CHILD Elinore Francis Wiebe

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 14 1913

FATHER	MOTHER
FULL NAME Henry Cornelius Wiebe	FULL MAIDEN NAME Anna Funk
RESIDENCE Aberdeen, Ida.	RESIDENCE Aberdeen Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 28 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Kansas	BIRTHPLACE Kansas
OCCUPATION Banker	OCCUPATION Housewife

Number of child of this mother, including present birth First

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 4:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. C. MacKinnon M.D.

(Physician or midwife)

Address Aberdeen, Ida.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Mar 17 19 13 M. C. MacKinnon Sub Registrar

S-Y CO. 20174

AUG 3 1959

866 - 101-006-753

Form V. S. No. 11-C—n-2-15-12

PLACE OF BIRTH

Amended 11/19/73

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland

Registration District No. 13 File No. 12850

No. ____ St. ____

Primary Registration District No. 2053 Registered No. 49

Hospital No

FULL NAME OF CHILD Lubern Eugene Howard

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Mch 1st 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thos. A. Howard	Edna Peterson
RESIDENCE	Blackfoot	
COLOR	W.	W
AGE AT LAST BIRTHDAY (Years)	27	28
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4-15 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys.
(Physician or midwife)

Given names added from a supplemental report

Address

Norval Lovar Howard Apr. 17-1913

M E Patrie Registrar

Filed Mch 13 1913

M. E. Patrie Registrar

8-Y CO. 2M74

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 4 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED NOV 6 10 10 AM '73 VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12850

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Howard (Male) (Name on Original Certificate) who was born (Was Born or Died) on March 1,1913 (Date of Event)
in Bingham, Groveland, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing Marriage Cert prepared on 5-4-13 10-8-56 (Bible Record, Insurance Policy, Etc.) (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed	Lubern Eugene Howard

Subscribed and sworn to before me this 30 day of Oct 19 73

Notary Public, residing at Chewelah

My commission expires March 2, 1977

(Seal)

Signed W Culverwell mgr SENB

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash ..... } ss.
County of Stevens }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30 day of Oct 19 73

Notary Public, residing at Chewelah

My commission expires March 2 1977

(Seal)

Signed W Culverwell

(Signature of Any Credible Person)

Chewelah Wn

(Street Address, City, State)

FORM DH 60-155 CL 9A/73

NOV 1 9 1973

Certificate of Blessing from LDS Church gives name as Lubern Eugene Howard son of Thomas A. Howard and Edna Petersen. Born March 1, 1913 at Groveland, Idaho. Was Blessed May 4, 1913. Viewed by V. S.

Marriage Certif. from Utah gives groom's name as Lubern Eugene Howard and Ruby Sepreal Lewis as the bride. dated Oct. 8, 1956. Were previously married March 9, 1938. Viewed by V. S.

318-256-006-994

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 416 N. Judicial St.

Hospital Nu

Registration District No. 13

File No. 12851

Primary Registration District No. 1007

Registered No. 56

FULL NAME OF CHILD Ruth Elizabeth Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	February 26th, 1913

FATHER		MOTHER	
FULL NAME	Grey Ralph Taylor	FULL MAIDEN NAME	Ona Zimmerman
RESIDENCE	Blackfoot Ida	RESIDENCE	Do
COLOR	White	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Kansas	COLOR	White
OCCUPATION	Carpenter	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Iowa
		OCCUPATION	Housewife.

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 2-15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Patrie

Phys.
(Physician or midwife)

Address Blackfoot Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Mch 13 19 13

M. E. Patrie
Registrar

5-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 12851

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (BIRTH OR DEATH)

for ..... (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on ..... (DATE OF EVENT)

in ..... (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name		Ruth Elizabeth Taylor
Date	March 3, 1913	February 26, 1913

Subscribed and sworn to before me this 30th day of April, 19 42

Thomas J. Gibbons

Notary Public, residing at Montrose, Calif.

My commission expires My Commission Expires 1945.
(SEAL)

Signed Inez R. Taylor
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

.....
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on AUG 18 1942 By .....
(REGISTRAR'S SIGNATURE)

2

AUG 2 0 1942

568-206-006-313

PLACE OF BIRTH Bingham

County of Blackfoot

City of Moreland Ward

No. ____ St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 13

File No. 12852

Primary Registration District No. 2053

Registered No. ____

FULL NAME OF CHILD Dora May Loy

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	March 6, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Frank Edwin Loy	FULL MAIDEN NAME	Vira Ethel Galbraith
RESIDENCE	Blackfoot R 2 Box 44	RESIDENCE	Do
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Oklahoma	BIRTHPLACE	Ill.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 7:40 P. M. on the date above stated.

(Signature) W. E. Petrie

Phys (Physician or midwife)

Address ____

Filed Mch 13 19 13 W. E. Petrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

362-107-006-418

PLACE OF BIRTH

County of Brigham

City of Perrside

No. ..... St.

Hospital No

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 12853

Primary Registration District No. 2053 Registered No. 52

FULL NAME OF CHILD Lynn Eugene Cobbley

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 7 1913

FATHER	MOTHER
FULL NAME Joseph Eugene Cobbley	FULL MAIDEN NAME Esther Miranda May
RESIDENCE Blackfoot R.F.D. No 2	RESIDENCE Do
COLOR W	COLOR W.
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 3-40 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. E. Petrie

Phys.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed March 13 19 13 M. E. Petrie

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

432-106-006-313

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot (Maryland) Registration District No. 13 File No. 12854

No. ____ St.

Primary Registration District No. 2053 Registered No. 53

Hospital ____

FULL NAME OF CHILD Burt Lamar McBride

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 6 1913

FATHER		MOTHER	
FULL NAME	Peter C. McBride	FULL MAIDEN NAME	Olive Lena Talbot
RESIDENCE	Maryland Idaho	RESIDENCE	Maryland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons (Physician or midwife)

Address ____

Given names added from a supplemental report

____ 19____

____ Registrar

Filed March 17 19 13 M. E. Patrie Registrar

S-Y CO. 20174

799 - 209-006-415

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot — Registration District No. 13 — File No. 12855

No. Sugar Factory St. — Primary Registration District No. 2053 — Registered No. 54

Hospital

FULL NAME OF CHILD Eva Lucy Price

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	March 9 1913

FATHER		MOTHER	
FULL NAME	Edward Martin Price	FULL MAIDEN NAME	Eva. Davidson
RESIDENCE	Blackfoot	RESIDENCE	Ridgefield Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35.	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Tennessee	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1 p M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons. MD

Blackfoot Idaho (Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed March 18 1913 W. E. Patrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-357565

813-119-006-155

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. ~~.....~~ St. ~~.....~~

Registration District No. ~~.....~~ 18 File No. 12856

Primary Registration District No. 2053 Registered No. 53

Hospital .....

FULL NAME OF CHILD Lathera Jensen Hale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	Feb 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eugene Clark Hale	Sylvia Laverna Jensen
RESIDENCE	Groveland	Groveland
COLOR	White	White
AGE AT LAST BIRTHDAY	26 (Years)	23 (Years)
BIRTHPLACE	Grantsville Utah	Hyrum Utah
OCCUPATION	Farmer	Farmers wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 6:30 P.M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) Rheobe Summersall
(Physician or midwife)

Address Blackfoot Ida

Filed ~~Feb 19~~ Mch 18 1913 M E Parker
Registrar

Mch 18-1913

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813 - 106-806-814

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

Form V. S. No. 11-C—20m-6-15-46

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Groveland

No. R. F. D. No. 4 St.

Hospital

Registration District No. 13

Primary Registration District No. 2053

File No. 12857 F

Registered No. F 56

FULL NAME OF CHILD Lucious Melvin Hale

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	March 6 1913

FATHER		MOTHER	
FULL NAME	Franklin J. Hale	FULL MAIDEN NAME	Cora Elizabeth Hammond
RESIDENCE	Groveland Idaho	RESIDENCE	Groveland Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Grantsville Utah	BIRTHPLACE	Providence Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 o'clock P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ellen V. Hale

Midwife (Physician or midwife)

Address Blackfoot Idaho R.F.D. 1.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed March 20 1913 M. E. Patrick
Registrar

S-Y CO. 20174

10-31-41

OCT 7 1942

619-122-006-334

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot (Marland)

Registration District No. 13 File No. 12858

No. ..... St.

Primary Registration District No. 2053 Registered No. 57

Hospital .....

FULL NAME OF CHILD Olson-Farnsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	March 22 1913

FATHER		MOTHER	
FULL NAME	Richard K. Farnsworth	FULL MAIDEN NAME	Hallie May Cluff
RESIDENCE	Blackfoot Idaho (Marland)	RESIDENCE	Blackfoot (Marland)
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Arizona	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. J. Simmons M.D.

Blackfoot Idaho (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed March 22 19 13 M. E. Pierce

..... Registrar

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295--130-006-259

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 12859

Primary Registration District No. 1007 Registered No. 58

FULL NAME OF CHILD. Roman W. Kinney

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	Jan 30 1913

FATHER	MOTHER
FULL NAME: Wm. W Kinney	FULL MAIDEN NAME: Mary Quillian
RESIDENCE: Blackfoot	RESIDENCE: Blackfoot
COLOR: W	AGE AT LAST BIRTHDAY: 35 (Years)
COLOR: W	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Indiana	BIRTHPLACE: Virginia
OCCUPATION: Mail Carrier	OCCUPATION: Housekeeper

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was B Davis Jr (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

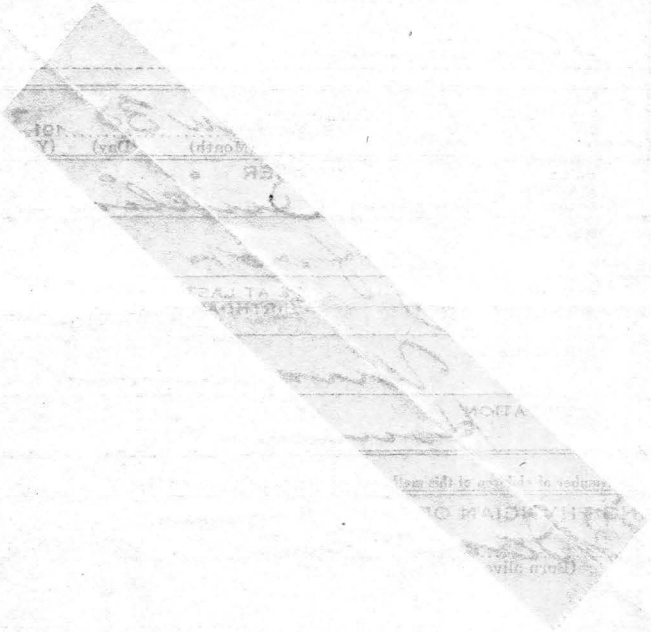
..... 19.....

..... Registrar

Filed Mch 24 19 13 W. E. Patrie Registrar

8-Y CO. 20174

FEB 14 1942



231-119-006-699

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Blackfoot

No. 830 E. Judicial St.

Hospital

Registration District No. 13 File No. 12860

Primary Registration District No. 1007 Registered No. 59

FULL NAME OF CHILD Hammond Stanger Knight. Lordell Oscar

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 19 1913

FATHER	MOTHER
FULL NAME: Don Carlos Stanger	FULL MAIDEN NAME: Marie Knight.
RESIDENCE: Blackfoot	RESIDENCE: Do
COLOR: W. AGE AT LAST BIRTHDAY: 21 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6 45 A. M. on the date above stated.

(Signature) M. E. Petrie

Phys (Physician or midwife)

Address

Filed March 29 1913 M. E. Petrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 2 6 1941

415-227-006-683

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

12861

CERTIFICATE OF BIRTH

County of Bingham

City of Thomas Mud

Registration District No. 13

File No. 12861

No. ..... St.

Primary Registration District No. 2053

Registered No. 60

Hospital No

FULL NAME OF CHILD Margaret Dance

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 27 1913

FATHER		MOTHER	
FULL NAME	Phillip B. Dance	FULL MAIDEN NAME	Celia Williams
RESIDENCE	Blackfoot Route 2.	RESIDENCE	do
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	27
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1.45 P. M. on the date above stated.

(Signature) M. E. Patrie

Phys (Physician or midwife)

Address B

Filed March 31, 19 13 M. E. Patrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

SEP 1 6 1975

DECEASED

493-231-006 815

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

1913

County of Bingham

City of Blackfoot Forks

Registration District No. 13

File No. 12862

No. ..... St.

Primary Registration District No. 2053

Registered No. 6

Hospital No

FULL NAME OF CHILD Alta Jane Miller

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 31 1913

FATHER	MOTHER
FULL NAME: Van Wesley Miller	FULL MAIDEN NAME: Lelia O. Hancock
RESIDENCE: Blackfoot Forks Route	RESIDENCE: Do
COLOR: White	COLOR: W
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 20 (Years)
BIRTHPLACE: Nebraska	BIRTHPLACE: Idaho
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 45 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M E Patrie

Phys (Physician or midwife)

Address Blackfoot Route

Given names added from a supplemental report

..... 19.....

Filed March 31 19 13 M. E. Patrie Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m 8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 11 1943

PLACE OF BIRTH

County of

719-218-066-813

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ~~24~~ 13 File No. 12863

Primary Registration District No. ~~24~~ 2053 Registered No. 62

FULL NAME OF CHILD Winnie Gardner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
female				yes	March 18 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Cloud A. Gardner	FULL MAIDEN NAME	Pearl Hale
RESIDENCE	Blackfoot	RESIDENCE	Blackfoot
COLOR	White ~~Black~~	COLOR	White ~~Black~~ Light
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Pinevalley Utah	BIRTHPLACE	Cleveland Idaho
OCCUPATION	Farmer	OCCUPATION	Farmers wife

Number of child of this mother, including present birth ... first

Number of children of this mother now living, including present birth ... first

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 7.30 A.M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Phoebe Summerdale M.D.

(Physician or midwife)

Address Blackfoot Ida

Given names added from a supplemental report

..... 19.....

Filed Mch 31 19 13 M. E. Paine

Registrar

..... Registrar

S-Y CO. 20174

DEC 14 1961

319-131-606-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bingham

City of Blackfoot

No 255 North Main St.

Hospital No

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 13 File No. 12864

Primary Registration District No. 1007 Registered No. 63

FULL NAME OF CHILD Joseph Carson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month)	(Day)	(Year)
Boy			Yes	3	31	1912

FATHER

FULL NAME Clarence E. Carson

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Utah

OCCUPATION Hotel Keeper

MOTHER

FULL MAIDEN NAME Juliett Ballester

RESIDENCE Blackfoot

COLOR White AGE AT LAST BIRTHDAY 36 (Years)

BIRTHPLACE Utah

OCCUPATION Hotel Keeper

Number of child of this mother, including present birth. nine

Number of children, of this mother, now living, including present birth. five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6,20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. L. P. Batway

(Physician or Midwife)

Given names added from a supplemental report

....., 19.....

Registrar

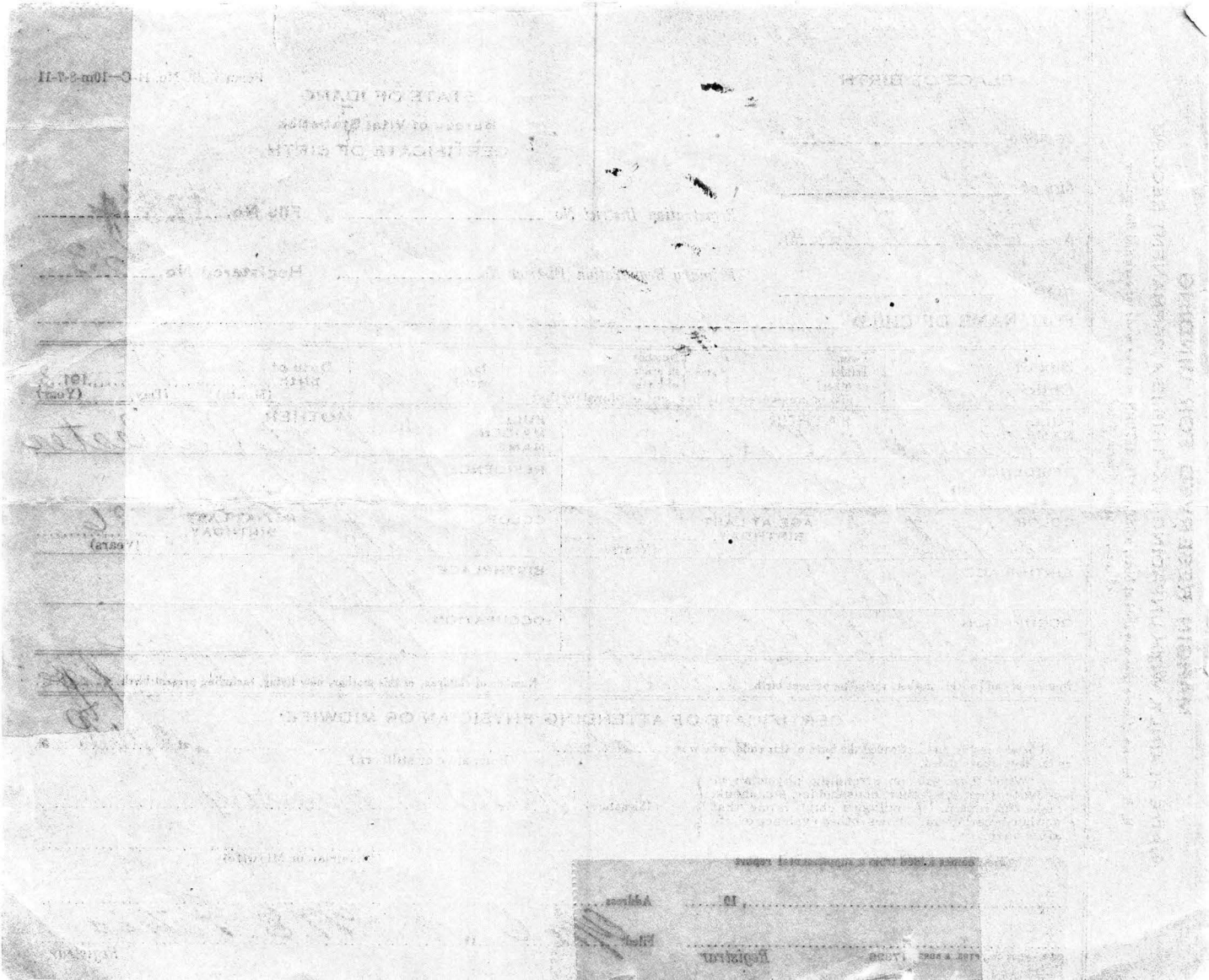
Address.....

Date June 6 1912

W. B. Petrie

Registrar

STAMP - YORK CO., PTRS. & SONS. 17326



269-102-006-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Ross

No. ..... St.

Hospital No

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 12865

Primary Registration District No. 2053 Registered No. 64

FULL NAME OF CHILD Roy Wayne Sorenson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 2 1913

FATHER	MOTHER
FULL NAME Thomas P. Sorenson	FULL MAIDEN NAME Sarah M. Jacobson
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 27 (Years)	AGE AT LAST BIRTHDAY 27 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Metcalf

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Apr. 8 1913 W. E. Patrie

Registrar

S-Y CO. 20174

255 - 104-006-155

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Garland

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 12866

Primary Registration District No. 2053 Registered No. 65

FULL NAME OF CHILD John Benson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 4 1913

FATHER	MOTHER
FULL NAME David A. Benson	FULL MAIDEN NAME Bertha M. Jensen
RESIDENCE Blackfoot Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 56 (Years)	AGE AT LAST BIRTHDAY 43 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Farmer

Number of child of this mother, including present birth 10

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. M. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr. 8 19 13 W. E. Patrie

Registrar

S-Y CO. 20174

Form V. S. No. 11

STATE OF IDAHO
OF VITAL STATISTICS

RTIFICATE OF BIRTH

769-107-006-921

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Portneuf

No. ..... St.

Hospital

Registration District No. 13 File No. 12867

Primary Registration District No. 2053 Registered No. 66

FULL NAME OF CHILD Geo. Porter Jr.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 7 1913

FATHER	MOTHER
FULL NAME Geo. Porter	FULL MAIDEN NAME Lydia Isaacson
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 25 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Wyoming
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2-12 a. M. on the date above stated.

(Signature) J. O. Mitchell

(Physician or midwife)

Address .....

Filed Apr 8 1913 W. E. Petrie Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 12 1957

719-103-006-318

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bingham

City of Portersville

No. ..... St.

Hospital .....

Registration District No. 13 File No. 12868

Primary Registration District No. 2053 Registered No. 67

FULL NAME OF CHILD Cleon Gardner

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March 3 1913

FATHER	MOTHER
FULL NAME: Albert Gardner	FULL MAIDEN NAME: Minnie Taylor
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 9-0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 8 19 13 M. E. Petrie Registrar

S-Y CO. 20174

719-212-006-993

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Brigham

City of Blackfoot

No. 52 So. Pine 4 St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 12869

Primary Registration District No. 1007 Registered No. 68

FULL NAME OF CHILD Iris Fern Parker

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	March 12 1913

FATHER	MOTHER
FULL NAME Hezekiah Parker	FULL MAIDEN NAME Maud Rice
RESIDENCE Blackfoot, Idaho	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Penn.	BIRTHPLACE Penn.
OCCUPATION Laborer.	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed Apr 8 1913 W. E. Patrie

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 6 1942

415- 217 006 -313

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. 562 Stark Ave.

Registration District No. 13 File No. 12870

Primary Registration District No. 1007 Registered No. 69

Hospital

FULL NAME OF CHILD Helen Vivian Davis

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Female			yes	March 17 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: John B Davis	FULL MAIDEN NAME: Katherine Cotton
RESIDENCE: Blackfoot Idaho	RESIDENCE: Blackfoot Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Ore.	BIRTHPLACE: Colorado
OCCUPATION: Merchant	OCCUPATION: Housewife

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

(Signature) F. W. Mitchell

(Physician or midwife)

Address

Filed Apr 8 19 13 M. E. Patrick Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 27 1965

959-122-006-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bingham

City of Porterville

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 12871

Primary Registration District No. 2053 Registered No. 70

FULL NAME OF CHILD Fred Zeigler

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth
Male		Yes	March 22 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME Alonza A. Zeigler	FULL MAIDEN NAME Sadie Kinney
RESIDENCE Blackfoot, Idaho #1	RESIDENCE Blackfoot, Idaho #1
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 35 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Mo	BIRTHPLACE Virginia
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8-6 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. O. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

Filed Apr 8 1913 W. E. Petrie

..... Registrar

S-Y CO. 20174 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 1 7 1976

389-129-006-155

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Brigham

City of Rexburg

No. ..... St.

Hospital .....

Registration District No. 13 File No. 12872

Primary Registration District No. 2053 Registered No. 71

FULL NAME OF CHILD Christen Christensen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	March 29 1913

FATHER	MOTHER
FULL NAME: Evgard Christensen	FULL MAIDEN NAME: Christena Jensen
RESIDENCE: Bluedyed, Idaho #2	RESIDENCE: Bluedyed, Idaho #2
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 26 (Years)	AGE AT LAST BIRTHDAY: 21 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Denmark
OCCUPATION: Farmer	OCCUPATION: Housework

Number of child of this mother, including present birth: 1

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Mitchell

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Apr 8 1913 W. C. Fabrie Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 5 1941

815 - 230-006-298

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Wapello

No. ..... St.

Hospital

Registration District No. 13 File No. 12873

Primary Registration District No. 2053 Registered No. 92

FULL NAME OF CHILD Orilla Hansen

Sex of Child Female | Twin ~~Triplet~~ or other? yes | and Number in order of birth 1 (To be answered only in event of plural births) | Legitimate? yes | Date of Birth March 30 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Wilmo. S. Hansen	FULL MAIDEN NAME Anna B. Bryant
RESIDENCE Blackfoot Idaho #3	RESIDENCE Blackfoot Idaho
COLOR White	AGE AT LAST BIRTHDAY 49 (Years)
COLOR White	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Denmark	BIRTHPLACE California
OCCUPATION Farmer	OCCUPATION Home work

Number of child of this mother, including present birth 15

Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.9 A. M. on the date above stated.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 8 1913

W. E. Petrie Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 9 1960

815-230-006-288

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-12

PLACE OF BIRTH

County of Bingham

City of Wapello

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 13 File No. 12874

Primary Registration District No. 2053 Registered No. 73

FULL NAME OF CHILD Lila Hansen

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	Yes (To be answered only in event of plural births)	2	Yes	March 30 1913

FATHER	MOTHER
FULL NAME Andrew C. Hansen	FULL MAIDEN NAME Mrs. B. Bryant
RESIDENCE Blackfoot, Idaho #3.	RESIDENCE Blackfoot Idaho #3
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 49 (Years)	AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Denmark.	BIRTHPLACE California
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 15

Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 5 19 13 W. E. Tuttle Registrar

S-Y CO. 20174

MAY 9 1960

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

719 - 131-006-783

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bingham

City of Blackfoot

No. Ward 4th St.

Registration District No. 13 File No. 12875

Primary Registration District No. 1007 Registered No. 74

Hospital

FULL NAME OF CHILD Myron Gilbert Gardner.

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.	yes	1	yes	March 31 1913

FATHER	MOTHER
FULL NAME: Julius Gardner	FULL MAIDEN NAME: Bertha Gilbert
RESIDENCE: Blackfoot, Idaho	RESIDENCE: Blackfoot, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 23 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Idaho
OCCUPATION: Farmer.	OCCUPATION: Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5: P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W Mitchell

(Physician or midwife)

Address

Given names added from a supplemental report

19

Registrar

Filed Apr 8 1913 M. E. Patrie

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-231,-006-793

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Brigham

City of Blackfoot

No. Ward #4 St.

Hospital

Registration District No. 13

Primary Registration District No. 1007

File No. 12876

Registered No. 75

FULL NAME OF CHILD Myra B. Gardner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	yes	2	yes	March 31 1913

FATHER	MOTHER
FULL NAME Julius Gardner	FULL MAIDEN NAME Bertha Gilbert
RESIDENCE Blackfoot, Idaho.	RESIDENCE Blackfoot, Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 23 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Utah	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 5. P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Mitchell

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed April 8 1913 W. E. Patrick
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 1975

319-106-044-289

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Meadale

No. ..... St.

Hospital .....

Registration District No. 26 File No. 12877

Primary Registration District No. 2163 Registered No. 70

FULL NAME OF CHILD James Carr

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 6 1913

FATHER		MOTHER	
FULL NAME	Thos B Carr	FULL MAIDEN NAME	Parlee D Phillips
RESIDENCE	Crane Idaho	RESIDENCE	Crane Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Scotland	BIRTHPLACE	Indiana
OCCUPATION	Rancher	OCCUPATION	House Wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fadohnz MD

(Physician or midwife)

Address Meadale Idaho

Given names added from a supplemental report

..... 19.....

Filed April 13 1913 Fadohnz Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 1 3 1945

445-28-044-293

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O [illegible]

PLACE OF BIRTH

County of Washington

City of Crane

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12878

Primary Registration District No. 2113 Registered No. 71

FULL NAME OF CHILD Elma ~~Lavonne~~ Luetta Dunham

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 8 1913

FATHER

FULL NAME Eugene Dunham

RESIDENCE Crane

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Mo

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Emma A Buchanan

RESIDENCE Crane

COLOR White AGE AT LAST BIRTHDAY 31 (Years)

BIRTHPLACE Mich

OCCUPATION Home Work

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F A Schmidt M D

Physician

(Physician or midwife)

Address Miami

Filed April 12 1913 F A Schmidt

Registrar

Given names added from a supplemental report

....., 19.....

.....

Registrar

8-Y CO. 20174

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon }
County of Union } ss.

Certificate No. 12878

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Elma Loetta (Name on Original Certificate) who born (Was Born or Died) on April 8th. 1913 (Date of Event)
in Midvale, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by written record (Bible Record, Insurance Policy, Etc.) prepared on soon after birth- 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Elma Loretta	Elma Luetta Dunham

Subscribed and sworn to before me this 2nd
day of April 1943

Notary Public, residing at Elgin, Oregon

My commission expires Feb. 19- 1945
(Seal)

Signed Mrs Emma Dunham
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Elgin, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon }
County of Union } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 2nd
day of April 1945

Notary Public residing at Elgin, Oregon

My commission expires Feb. 19- 1945.
(Seal)

Signed Eugene Dunham
(Signature of Any Credible Person Other Than Previous Year)

Elgin, Oregon
(Street Address, City, State)

APR 12 1943

APR 7 1953

866-208-044-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Mesvale

No. ____ St.

Hospital ____

Registration District No. 26 File No. 12879

Primary Registration District No. 2113 Registered No. 72

FULL NAME OF CHILD Elma Hood

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 8 1913

FATHER

FULL NAME Wm Dennis Hood

RESIDENCE Mesvale Ida

COLOR White AGE AT LAST BIRTHDAY 38 (Years)

BIRTHPLACE Ark

OCCUPATION Clerk

MOTHER

FULL MAIDEN NAME Mary Murilla Babb

RESIDENCE Mesvale

COLOR White AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Washington

OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ed Schmitz MD

(Physician or midwife)

Address Mesvale Idaho

Given names added from a supplemental report

....., 19.....

Filed April 10 1913 Ed Schmitz Registrar

Registrar

S-Y CO. 20174

MAR 2 0 1975

795-105-044-268

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. ____ File No. 12380

Primary Registration District No. 2114 Registered No. 73

FULL NAME OF CHILD Ernest Arnold Greene

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Apr 5 1917

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Ernest Raynold Greene	Cora B Boyles
RESIDENCE	Salubria Colo	Salubria
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	20
BIRTHPLACE	Cameron County, Missouri	Colo
OCCUPATION	Sheepherder	H W

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M D (Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

....., 19.....

Filed April 30 1917 C C Schmutz Registrar

.....
Registrar

B-Y CO. 20174

PLACE OF BIRTH (All items at time of this birth)
(a) County Washington (b) City Cambridge
(c) Street Address or R.F.D. No.
(d) Name of Hospital or Maternity Home: none
(e) Mother's stay **BEFORE** delivery: IN **THIS** county 20 years months days

2. USUAL RESIDENCE OF MOTHER (At time of this birth)
(a) State Idaho (b) County Washington
(c) City Cambridge
(d) Street Address or R.F.D. No.
(e) How long has **MOTHER** lived in Idaho? 20 yrs.
3. RESIDENCE OF FATHER (city, state)

FULL NAME OF CHILD Ernest Arnold Greene
5. Date of Birth of Child (Month, day, year) April 5, 1913
Sex male
7. Twin or Triplet
If so—born 1st, 2nd, 3rd
8. No. months of Pregnacy 9
9. Legitimate? yes

FATHER OF CHILD
. **FULL NAME** Arnold Ernest Greene
. Color or Race white
12. Age at time of THIS birth 22 yrs.
. Birthplace Cameron Count (City or town) Missouri (State or foreign country)
. Exact Occupation laborer
. Industry or Business

MOTHER OF CHILD
16. **FULL MAIDEN NAME** Cora Bell Boyles
17. Color or Race white
18. Age at time of THIS birth 20 yrs.
19. Birthplace Cambridge (City or town) Idaho (State or foreign country)
20. Exact Occupation housewife
21. Industry or Business

. Name prophylactic used to prevent Ophthalmia Neonatorum none
. Number of children of this mother: (a) At time of birth and including this child 2 (b) Born alive and now living 2

ATTENDANT'S CERTIFICATE

. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

. Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

ate of Idaho
unty of Washington } ss.

AFFIDAVIT to be completed when the attendant does not sign in Item 25.

I, the undersigned, being first duly sworn, say that I am the father (Mother, etc.) of the person whose name appear Item 4, above, that I am now 51 years of age, that I have known this person for 28 years, and tha Dr. C. E. Schmitz (First name) (Last name), who attended this birth is now deceased (Is now deceased) or (Cannot be located). I further state tha e facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded unde apter 139, 1937 Session Laws.

Arnold Earnest Green Signatur

..... P. O. Addres

Subscribed and sworn to before me this 15th day of January, 1942.

(SEAL) ..... Notary Public, residing at Cambridge, Idaho

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

2-13-42 by R. T. Wilson ..... Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

962-205-044-242

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC ~~WELFARE~~
BUREAU OF VITAL STATISTICS

AMENDED June 21, 1946

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12881

Primary Registration District No. 2114 Registered No. 24

FULL NAME OF CHILD Nannie Belle Ross
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	April 5. x1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

FATHER	MOTHER
FULL NAME: Ellis C. Ross	FULL MAIDEN NAME: Nanna B. Bussell
RESIDENCE: Cambridge, Idaho	RESIDENCE: Cambridge, Idaho
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Tenn.	BIRTHPLACE: Tenn.
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:15 P M. on the date above stated.

(Signature) Simeon Hopper

M. D.
(Physician or midwife)

Address Cambridge, Idaho

Filed April 30 x1913 C. E. Schmitz
Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

.....
Registrar.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12881

Primary Registration District No. 2114 Registered No. 74

FULL NAME OF CHILD Anna Bell Ross

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F W			yes	Nov. 5 1913

FATHER		MOTHER	
FULL NAME	Ellis C Ross	FULL MAIDEN NAME	Nanna B Russell
RESIDENCE	Cambridge Ida	RESIDENCE	Cambridge
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Texas	BIRTHPLACE	Texas
OCCUPATION	Farmer	OCCUPATION	H W

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 8:15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M.D. (Physician or midwife)

Address Cambridge Idaho

Filed April 30 1913 C V Schmutz Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 12881

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Nanna Bell Ross	Nannie Belle Ross

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Bertha L. Ross.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Mattie Ekas
(Signature of Any Credible Person)

.....
(Street Address, City, State)

JUN 21 1946

266 - 21 - 044 - 313

PLACE OF BIRTH

County of Washington

City of Cambridge

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—25m-2-15-12

Registration District No. 26 File No. 12882

Primary Registration District No. 2114 Registered No. 75

FULL NAME OF CHILD ORABELLE JAQUELINE BOWMAN

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem			yes	Jan 11 1913

FATHER	MOTHER
FULL NAME J Frank Bowman	FULL MAIDEN NAME Sarah Galbreath
RESIDENCE Cambridge	RESIDENCE Cambridge
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION HW

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 4:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Simeon Hopper M.D.
(Physician or midwife)

Address Cambridge Idaho

Given names added from a supplemental report

..... 19.....

Filed April 30 1913 C V Schmitt Deputy Registrar

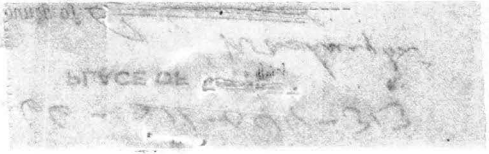
..... Registrar

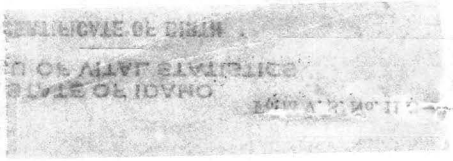
S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Canyon } ss.

Certificate No. 12882

OCT 23 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who born (Was Born or Died) on April 11, 1913 (Date of Event) in Rural - Midvale (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Family Bible (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Orabelle Jaqueline Bowman

Subscribed and sworn to before me this 22nd day of October 1942

Emma E. Thompson
Notary Public, residing at Caldwell, Idaho

My commission expires Oct. 5, 1945
(Seal)

Signed Sarah Isabella Bowman
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Caldwell, Idaho 1209 Blaine
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Canyon } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22nd day of October, 1942

Emma E. Thompson
Notary Public, residing at Caldwell, Idaho

My commission expires October, 5, 1945
(Seal)

Signed Mayme Baker
(Signature of Any Credible Person Other Than Previous Year)

123 Albany Caldwell, Ida.
(Street Address, City, State)

DEC 27 1948

319-223-44-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

Amended 8/29/74

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

Registration District No. 26 File No. 12883

Primary Registration District No. 2114 Registered No. 76

FULL NAME OF CHILD Josephine Carlile

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		2	Yes	April 23 1913

FATHER	MOTHER
FULL NAME Ira Carlile	FULL MAIDEN NAME Nettie Lavender
RESIDENCE Cambridge	RESIDENCE Cambridge Ida.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 22 (Years)	AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Ida.
OCCUPATION Laborer	OCCUPATION Home Wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C E Schmutz M.D.

(Physician or midwife)

Address Cambridge

Given names added from a supplemental report

..... 19.....

Filed April 30 1913 C E Schmutz Registrar

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 2 9 1974

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUN 17 1974
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12883

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) April 21, 1913
for Unnamed Carlyle (female) (Name on Original Certificate) who was born (Was Born or Died) on April 23, 1913 (Date of Event)
in Cambridge, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date) ....., are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed Carlyle	Josephine Carlile
father's last name	Carlyle	Carlile

Subscribed and sworn to before me this 20th day of May, 1974

Signed Ira Carlile
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Enterprise, Oregon

My commission expires January 9, 1976 (Seal)

Cambridge, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of CALIFORNIA } ss.
County of ALAMEDA }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31st day of MAY

OFFICIAL SEAL
RICHARD F. STEC
NOTARY PUBLIC-CALIFORNIA
ALAMEDA COUNTY, CALIFORNIA
My Commission Expires Feb. 27, 1978

Notary Public residing at ALAMEDA COUNTY, CALIFORNIA

My commission expires ..... (Seal)

Signed Pauline M. Lewis
(Signature of (Any Credible Person)

6035 Madelaine Dr. Newark Calif.
(Street Address, City, State)

FORM DH 60-155

CL 4/29/74

a ss

AUG 30 1974

A SXXsister's birth certif. on file in Idaho gives name as Pauline Marie Carlile born Dec. 14,1911. (file No. 3404.) gives father's name as Ira K. Carlile. viewed by V. S.

Deposit slip from The Idaho First National Bank is signed by Ira Carlile. dated April9, 1963. viewed by V. S.
Own daughter's birth certif. on file in Idaho (#260567) gives mother's name as Josephine Carlile. daughter's name given as Lea Gail Allison. father's name given as Angus Gordon Allison. viewed by V. S.

Certificte of Marriage from Idaho gives the groom's name as Angus G. Allison and the bride's name as Josephine Carlile. dated July 31, 1933. viewed by VS

437-126-044-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 3-15-12

PLACE OF BIRTH

County of Washington

City of Cambridge

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 26 File No. 12884

Primary Registration District No. 2114 Registered No. 77

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		6	Yes	April 26 1913

FATHER		MOTHER	
FULL NAME	Leslie McInnis	FULL MAIDEN NAME	Effie Clark
RESIDENCE	Cambridge Ida.	RESIDENCE	Cambridge
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Mo
OCCUPATION	Rancher	OCCUPATION	House wife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. (Born alive or stillborn), at 11 A.M. on the date above stated.

(Signature) C E Schmutz M.D. (Physician or midwife)

Address Cambridge Ida.

Filed April 30 1913 C E Schmutz Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Form V. S. No. 11-C--20m-2-16-12

STATE OF IDAHO

OF VITAL STATISTICS

IFICATE OF BIRTH

318-218-021-133

[redacted]

Form V. S. No. 10-10m-11-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Franklin

City of Preston

No ____, ____ St.

Hospital ____

Registration District No. 18 — File No. 12885 (12885)

Primary Registration District No. 2119 — Registered No. 91

FULL NAME OF CHILD Helen Lucile Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
female			Yes	Mar. 18 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Rawson L. Taylor	FULL MAIDEN NAME	Eliza Allen
RESIDENCE	Preston Ida	RESIDENCE	Preston Ida
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Mapleton, Ida	BIRTHPLACE	Cove, Ut.
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:a.m. on the date above stated.

(Signature) G. C. Emery M.D.

(Physician or Midwife)

Preston Ida

Mar 20, 1913

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report ____, 19__.

Apl 8 1913 D. C. Cox Local Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 2 3 1975

1947

FEB

318-225-021-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. N-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH 12886

PLACE OF BIRTH

County of Franklin

City of Dayton

No ____, ____ St.

Hospital ____

Registration District No 18 File No. ____

Primary Registration District No 219 Registered No ____

FULL NAME OF CHILD Taylor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (D.) (Year)
female			yes	Mar 25, 1913

FATHER		MOTHER	
FULL NAME	LeRoy Taylor	FULL MAIDEN NAME	Melissa Smith
RESIDENCE	Dayton Ida	RESIDENCE	Dayton Ida
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	21 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Franklin, Ida	BIRTHPLACE	Lewiston Ut
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 a.m. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. O. Emery, M.D.

(Physician or Midwife)

Address Preston, Ida

Given names added from a supplemental report

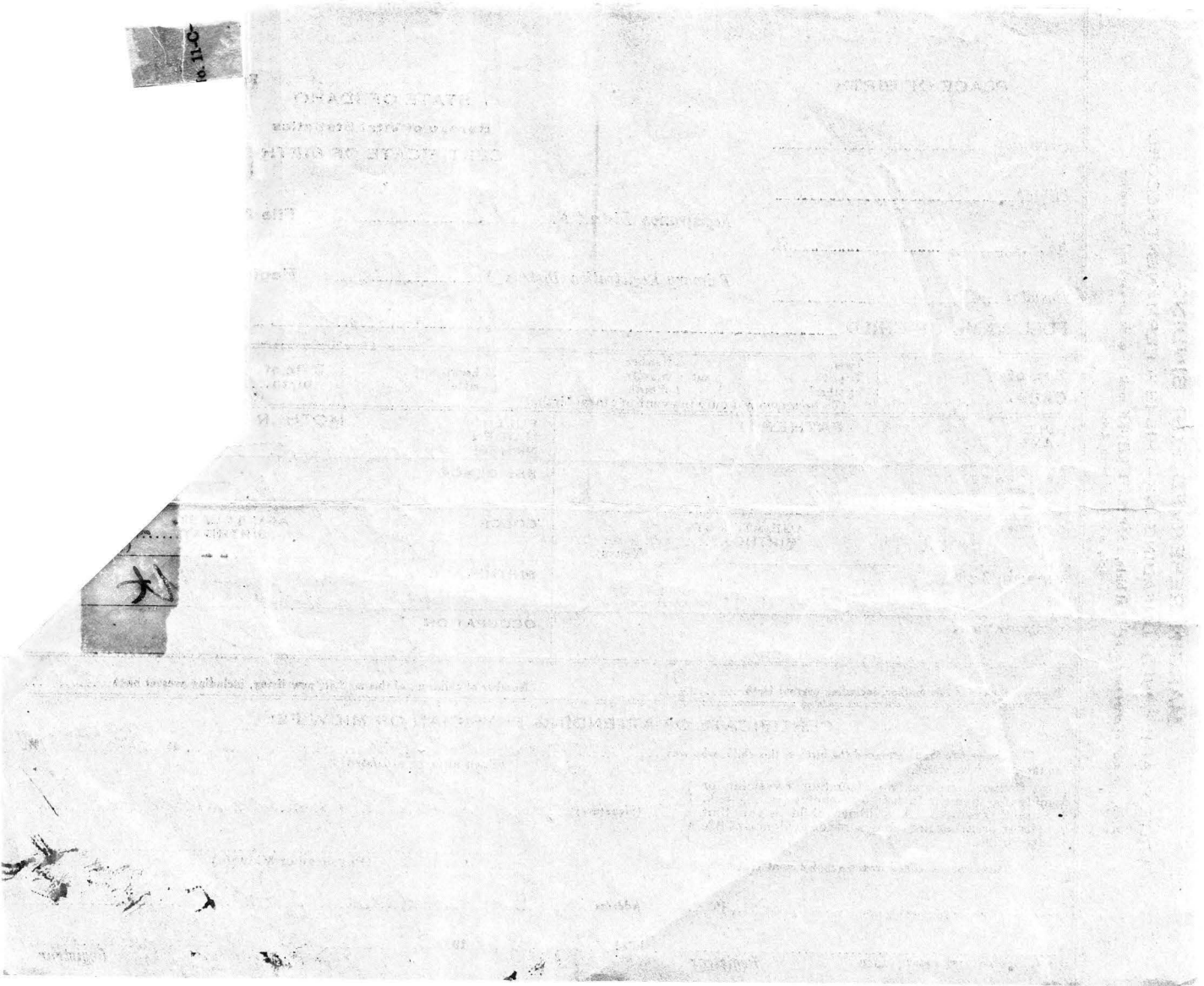
....., 19.....

Filed Mar 30 1913 G. O. Emery Registrar

Apr 8-1913 D. C. Ray

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar



615-127-021-893

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12587

PLACE OF BIRTH

County of Franklin

City of Preston

No ....., ... St.

Hospital .....

Registration District No 18 File No. .....

Primary Registration District No. 2119 Registered No. 113

FULL NAME OF CHILD William Clifford Warner

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	3-27-13

FATHER		MOTHER	
FULL NAME	Gottlob Warner	FULL MAIDEN NAME	Rebecca Hicks
RESIDENCE	Preston Ida.	RESIDENCE	Preston Ida.
COLOR	Wh	COLOR	Wh
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Germany.	BIRTHPLACE	Mississippi
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 1 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. O. Emery M.D.

(Physician or Midwife)

Address Preston Ida

Given names added from a supplemental report

....., 19.....

Filed Apr. 8th 1913 C. O. Emery

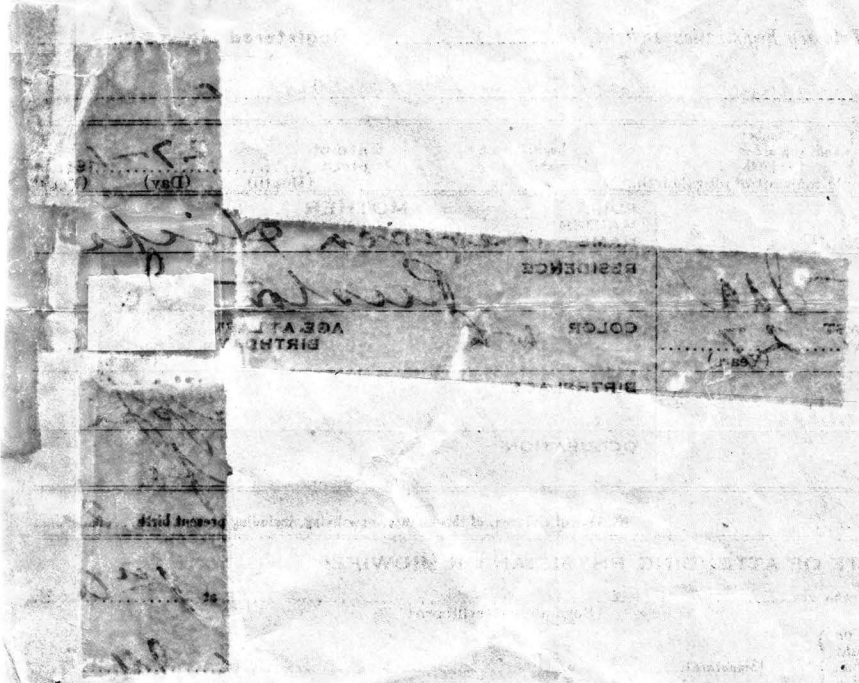
D. E. Ray Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

7-10-41

APR 7 1959



313 - 117021 - 289

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Franklin,

City of Dayton

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12888

Primary Registration District No. 7119 Registered No. 48

FULL NAME OF CHILD Sylvan W. Call

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Feb. 17, 1913

FATHER		MOTHER	
FULL NAME	James H. Call	FULL MAIDEN NAME	Mary E. Phillips
RESIDENCE	Dayton, Ida.	RESIDENCE	Dayton, Idaho.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Soda Springs, Ida.	BIRTHPLACE	Clifton, Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive Feb. 17, at 4 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Stark

Physician

(Physician or Midwife)

Address Preston, Idaho

Given names added from a supplemental report

....., 19.....

Filed 3-25- 19 13 D. C. Ray

Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

Registrar

STATE OF IDAHO

PLACE OF BIRTH

753 - 229-036 - 753

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Ada

City of Boise

No. ..... St.

Hospital .....

Registration District No. 18 File No. 12890

Primary Registration District No. 2071 Registered No. 96

FULL NAME OF CHILD Hazel ~~Petterson~~ Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	January 29 1913

FATHER		MOTHER	
FULL NAME	Andrew Peterson	FULL MAIDEN NAME	Kate Peterson
RESIDENCE	Boise Idaho	RESIDENCE	Boise Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Millcreek Utah	BIRTHPLACE	Provo Utah
OCCUPATION	Farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 12 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson

Midwife (Physician or midwife)

Address Boise Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apl 3 1913 D C Rat Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Correction made in date of birth from Certificate of Blessing March 4, 1943.

Mabel F. Felden, Asst. Director

MAR 4 1949

102-225-036-162

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12891

Primary Registration District No. 2071 Registered No. 98

FULL NAME OF CHILD Lucy Josephson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	Mar 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alma Josephson	Ella Josephson
RESIDENCE	Stone Idaho	Stone Idaho
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Brigham City Utah	Iowa Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8:10 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary O. Sanderson

mid wife (Physician or midwife)

Address Stone Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 3 1913 D. C. Ray Registrar

S-Y CO. 20174

JUN 5 1970

MAR 1 3 1975

269-201-036-000

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Stone

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12892

Primary Registration District No. 2071 Registered No. 97

FULL NAME OF CHILD Polly Joan Sorenson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female				Yes	Feb 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Anthon Sorensen	Mary Jane
RESIDENCE	Stone Idaho	Stone
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	45	40
BIRTHPLACE	Denmark	Stone Idaho
OCCUPATION	Farmer	housewife

Number of child of this mother, including present birth 10 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1/5 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary Bunderson

Midwife (Physician or midwife)

Address Stone Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 3 19 13 D C Ray Registrar

S-Y CO. 20174

693-215-036-445

Amended 9-21-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12893
Local Reg. No. 100
Reg. Dist. No. 18

1. PLACE OF BIRTH

a. COUNTY: Oneida

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Samaria

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Oneida

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Samaria

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Reta b. (Middle): Lavon c. (Last): Williams

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 15, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): David b. (Middle): c. (Last): Williams

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Samaria, Idaho

10. USUAL OCCUPATION: Shearer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Esther b. (Middle): Catherine c. (Last): Munsee

13. AGE (At time of this birth): 24 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Salt Lake City, Utah

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 2

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mary A. Reese

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) X

19. ADDRESS: Samaria, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 2, 1913

22. REGISTRAR'S SIGNATURE: D.C. Ray

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewritten. Print in completing this certificate. This certificate MUST be filed with the Registrar where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Oneida

Certificate No. 12893

Date Filed July 26, 1965

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Reta Lavaun Williams (Name on Original Certificate) who was born (Was Born or Died) on Mar. 15, 1912 (Date of Event)
in Samaria, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible, Church record (Bible Record, Insurance Policy, Etc.) prepared on in 1924 and June 1, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Reta Lavaun Williams	Reta Lavon Williams
Child's Date of Birth	Mar. 15, 1912	March 15, 1913

Subscribed and sworn to before me this 13th day of July, 19 65

Daniel B. Jones

Notary Public, residing at Malad, Idaho

My commission expires 8-7-65

(Seal)

Signed X Mrs. David J. Williams

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

53 So. 100 West, Malad, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Oneida

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of July, 19 65

Daniel B. Jones

Notary Public, residing at Malad, Idaho

My commission expires 8-7-65

(Seal)

Signed David J. Williams

(Signature of Any Credible Person)

53 South 100 West, Malad, Idaho

(Street Address, City, State)

FORM DH 60-155 CL 3-22-65. nm

L.D.S. Church Cert. of Blessing, June 1, 1913 gives full name as Reta Lavon Williams, daughter of David J. Williams and Esther Catherine Munsey, born March 15, 1913 at Samaria, Idaho - viewed by V.S.

Family Bible Record, appears old and unaltered, photo copy of orr., gives one child's full name as Reta LaVon Williams, born March 15, 1913 at Samaria, Idaho - viewed by V.S

Photo Copy of Page from Family Register of James Peter Christensen and Reta Lavon Williams, man and wife, ~~married~~ gives full name as Reta Lavon Williams, born March 15, 1913 at Samaria, Idaho - viewed by V.S. appears old and unaltered -

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Oneida

City of Samaria

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12893

Primary Registration District No. 7069 Registered No. 100

FULL NAME OF CHILD Reta Savaun Williams

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		3	yes	Mar. 15, 191[illegible]

FATHER		MOTHER	
FULL NAME	David Williams	FULL MAIDEN NAME	Esther Catherine Mussel
RESIDENCE	Samaria Idaho	RESIDENCE	Samaria Ida.
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Samaria Idaho	BIRTHPLACE	Salt Lake City, Ut.
OCCUPATION	Shearer	OCCUPATION	

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 1.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary A. Reese

Midwife
(Physician or Midwife)

Address Samaria Idaho.

Filed Apl 2 1918 D C Kay
Registrar

S-Y CO., 16670

SEP 21 1965

814-231-036-386

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11[illegible]

Registration District No. 8 File No. 12894

Primary Registration District No. 2069 Registered No. 112

FULL NAME OF CHILD Gladys Hammer

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	191 (Year)
female				Yes	3	21	3

FATHER		MOTHER	
FULL NAME	Carl Hammer	FULL MAIDEN NAME	Sarah Emalius Thompson
RESIDENCE	Holbrook Idaho	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Denmark	BIRTHPLACE	Utah
OCCUPATION	ranches	OCCUPATION	housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 6 15 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. C. Ray M.D.

(Physician or midwife)

Address Malad City Idaho

Given names added from a supplemental report

..... 19.....

Filed 3-21-19 13 D. C. Ray

..... Registrar

S-Y CO. 20174

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

546-208-036-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12895

Primary Registration District No. 2069 Registered No. 106

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
F		Yes	8 8 12

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henry Meffeneggar	Mabel B Clark
RESIDENCE	Malad Ida	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	26
BIRTHPLACE	Malad Ida	Malad Ida
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 4 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J Fillton

Physician

(Physician or midwife)

Address Malad

Given names added from a supplemental report

..... 19.....

Filed Apl 8 19 13 D C Ray

Registrar

..... Registrar

8-Y CO. 20174

253-205-036-719

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida — Henderson Creek

City of ~~Malad~~ Cruse

Registration District No. 18 — File No. 12896

No. ____ St. ____

Primary Registration District No. 2069 — Registered No. 103

Hospital ____

FULL NAME OF CHILD Lenna Bell

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	'		'	Yes	3 - 5 - 1913

FATHER		MOTHER	
FULL NAME	Chas. W. Bell	FULL MAIDEN NAME	Elizabeth Parkinson
RESIDENCE	Henderson Creek Ida	RESIDENCE	Henderson Creek Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	35
BIRTHPLACE	Henderson Creek Ida	BIRTHPLACE	West Portage Utah
OCCUPATION	Farmer.	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 — Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 3:9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Evans.

Physician

(Physician or midwife)

Address Malad Ida.

Given names added from a supplemental report

....19....

Filed April 19 13 D. C. Ray Registrar

....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-18-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

City of .....

Institution, Name of .....

Physician's or Midwife's No. .....

Nurse's No. .....

Informant's No. .....

FULL NAME OF CHILD .....

Date of Birth .....

(Day) (Year)

Sex .....

Color .....

Single, Married, Widowed or Divorced .....

(Years)

Full

165-120-036-693

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12897

Primary Registration District No. 2069 Registered No. 107

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M			Yes	Mar 20 (Month) (Day) 191 3 (Year)

FATHER		MOTHER	
FULL NAME	Edward D Jones	FULL MAIDEN NAME	Candace Williams
RESIDENCE	Malad	RESIDENCE	Malad
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Wales	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 7:15 P M. on the date above stated.

(Signature) J F Alston

Physician

(Physician or midwife)

Address Malad Ida

Filed Apr 8 1913 D C Ray Registrar

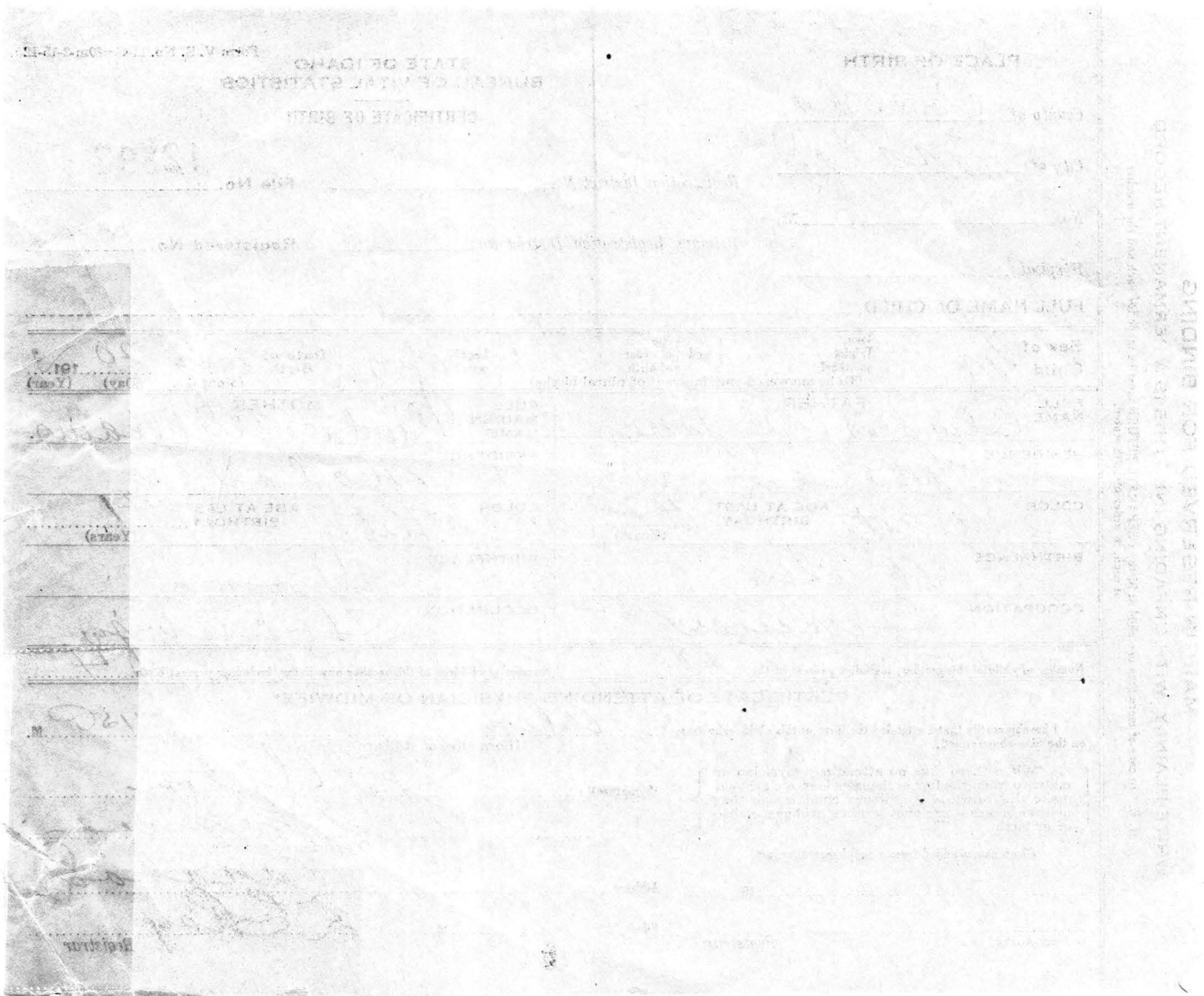
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174



319-114-036-269

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C—20m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12898

Primary Registration District No. 2069 Registered No. 109

FULL NAME OF CHILD Elmer Ernest Larsen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male				yes	3 14 1913

FATHER		MOTHER	
FULL NAME	Jens P Larsen	FULL MAIDEN NAME	Christina Sorensen
RESIDENCE	Malad City	RESIDENCE	same
COLOR	wh	COLOR	wh
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Denmark	BIRTHPLACE	Denmark
OCCUPATION	Creamery	OCCUPATION	housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2.40 A.M. on the date above stated.

(Signature) D C Ray M D

(Physician or midwife)

Address Malad City Ida

Filed 3-20 1913 D C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

269-128-036-799

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria — Registration District No. 18 — File No. 12899

No. ____ St. — Primary Registration District No. 2069 — Registered No. 111

Hospital ____

FULL NAME OF CHILD Royal Sorenson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
male			Yes	3 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Royal Sorenson	Ruth Price
RESIDENCE	Samaria	Samaria
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	25	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	rancher	housewife

Number of child of this mother, including present birth 1 — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 3.30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Kay M D

(Physician or midwife)

Address Malad City, Ida

Given names added from a supplemental report

....., 19.....

Filed 3-31 1913 D C Kay

Registrar

S-Y CO. 20174

Registrar

Certified copy issued 2-18-1941. dp

386-226-036-785

Form V. S. No. 11-C—20m-8-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12900

Primary Registration District No. 2069 Registered No. 110

FULL NAME OF CHILD Lena Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	3 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	David P Thomas	Mary Pierce
RESIDENCE	Malad City	[illegible]
COLOR	wh	wh
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Idaho	Idaho
OCCUPATION	rancher	housekeeper

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 10 15 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D C Ray M D

(Physician or midwife) Ida

Address Malad City

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 3-31 19 13 D C Ray Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-45-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING
ONLY. WITH UNFADING INK—THIS IS A PER
of more than one child at birth, a SEPARATE RETURN must be made
of each, in order of birth above.

389-104-036-165

PLACE OF BIRTH

County of Oneida

City of Malad

No. _____ St.

Hospital _____

Form V. S. No. 11[2]C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18

Primary Registration District No. 2069

File No. 12901

Registered No. 105

FULL NAME OF CHILD Derrold Chivers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	/	1	Yes	4 — 4 — 1913

	FATHER	MOTHER
FULL NAME	James Chivers Jr	FULL MAIDEN NAME Annie Jones
RESIDENCE	Malad	RESIDENCE Malad
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Malad Ida.	BIRTHPLACE Malad Ida.
OCCUPATION	Farmer.	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 1:a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Nuno.

(Physician or midwife)

Address Malad Ida.

Given names added from a supplemental report

..... 19.....

Filed 4-1 19 13 D. C. Ray Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

964 - 105 - 036 - 349

No. ____, ____ St.

Registration District No. 18

File No. 12902

Primary Registration District No. 2069

Registered No. 102

Hospital ____

FULL NAME OF CHILD John C. Roderick

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth
Male			Yes	March 5, 1913 (Month) (Day) (Year)

FATHER		MOTHER	
FULL NAME	Daniel Roderick	FULL MAIDEN NAME	Margaret Rodgers
RESIDENCE	Samaria Ida	RESIDENCE	Samaria Ida.
COLOR	white Light	COLOR	white Dark
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Samaria Ida	BIRTHPLACE	Edgen Utah
OCCUPATION	Farmer	OCCUPATION	House Keeper

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12.50 A.M. on the date above stated.

(Signature) Catharine Hamilton

Midwife (Physician or Midwife)

Address Samaria Idaho

Filed 3-24 19 13 J C Ray Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

City of Damaru Re-allotment District No. File No.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

F.D.A.-363

[redacted] OF BIRTH

STATE OF [redacted]

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Franklin

City of Dayton

No ____, ____ St.

Registration District No 18 File No. 129

Primary Registration District No. 219 Registered No. [redacted]

Hospital

FULL NAME OF CHILD Claude Collett Howell.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
male			yes	Feb 9

	FATHER	MOTHER
FULL NAME	Leslie Howell.	FULL MAIDEN NAME Edna Collett
RESIDENCE	Dayton Ida	RESIDENCE Dayton Ida
COLOR	white	COLOR wh.
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Clifton, Ida	BIRTHPLACE Dayton Ida
OCCUPATION	Teacher	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. C. Emery M.D.

(Physician or Midwife)

Address Preston, Ida

Given names added from a supplemental report

....., 19.....

Filed Feb 15 1913 G. C. Emery Registrar

SYMS - YORK CO., PTRS. & BDRS. 1732-1

Registrar

APR 14 1943

165-1 +386

PLACE OF BIRTH

County of [redacted]

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18

Primary Registration District No. 2069

File No. 12904

Registered No. 104

FULL NAME OF CHILD Lester Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	'	'	Yes	3 – 17 – 1913

FATHER		MOTHER	
FULL NAME	Dan S. Jones.	FULL MAIDEN NAME	Nellie Thomas.
RESIDENCE	Malad	RESIDENCE	Malad.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Tyrone Utah	BIRTHPLACE	Malad, Ida
OCCUPATION	Farmer	OCCUPATION	Home wife.

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4:9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Kerns.

Physician

(Physician or midwife)

Address Malad Ida

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apl 1 19 18 D. C. Rae

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 13 1969

FEB 4 1981

753-208-056-853

Form V. S. No. 11-C—15m-6-[illegible]

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Oneida

City of Samaria

No. ____; ____ St.

Hospital ____

Registration District No. 18

Primary Registration District No. 2069

File No. 12905

Registered No. 49

FULL NAME OF CHILD Blanch Petersen

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Mar 8, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Myrum Petersen	Mary Hill
RESIDENCE	Samaria	Samaria
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	45	35
BIRTHPLACE	Brigham City	Wellsville Utah
OCCUPATION	Farming	School Teacher

Number of child of this mother, including present birth 11

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) Mar 8. 1913, at 3.56 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) Mary A Reese

Midwife
(Physician or Midwife)

Address Samaria Ida

Filed Apl 2 1913 D C Ray Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

CERTIFICATE OF BIRTH

MARGIN RESERVED FOR BINDING

FAMILY, WITH UNREADABLE INK—THIS IS A PERMANENT RECORD

468-231-036-457

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Oneida

City of Malad

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 18 File No. 12906

Primary Registration District No. 2069 Registered No. 108

FULL NAME OF CHILD Gurle Morgan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	Mar 31 1914

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William J Morgan	Nellie M Goozer
RESIDENCE	Malad	Malad
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	67	37
BIRTHPLACE	Wales	Holland
OCCUPATION	Farming	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 12:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J F Alton

Physician

(Physician or midwife)

Address Malad

Filed Apl 8 1913 D. C. Ray Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 2 0 1974

248-1170

PLACE OF BIRTH

Form V. S. No. [illegible] 4-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bann[illegible]k

City of Pocatello

No. 610 So. 3rd Ave St.

Registration District No. 19

File No. 12907

Primary Registration District No. 1002

Registered No. 84

Hospital

FULL NAME OF CHILD CHARLES L. Smith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male			yes	Mar. (Month) 17 (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Otto L. Smith	Margaret G. Taylor
RESIDENCE	Pocatello Ida.	Pocatello
COLOR	Gr	W
AGE AT LAST BIRTHDAY (Years)	23	17
BIRTHPLACE	Shelbyville Illinois	Lola Illinois
OCCUPATION	Machinist Helper	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 8 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or ~~midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/28 19 13 O. B. Steely Registrar

S-Y CO. 20-74

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Dup of 1913-11936

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of OREGON } ss.
County of Multnomah

Certificate No. 12907
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for CHARLES L. SMITH (Name on original certificate) who was born (Was born or died) on March 17, 1913 (Date of event)
in Pocatello, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Smith	Charles L. Smith

Subscribed and sworn to before me this 22d day of December, 19 41.
D. L. Thompson
Notary Public, residing at Portland, Oregon
My commission expires April 26, 1942
[SEAL]

Signed Margaret J. Sinkey, SMITH.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Mother, 5633-S.E. Kuapfel St. Portland Ore.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of OREGON } ss.
County of MULTNOMAH

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22d day of December, 19 41.
D. L. Thompson
Notary Public, residing at Portland, Oregon
My commission expires April 26, 1942
[SEAL]

Signed Charles L. Hensley
(Signature of any credible person other than the previous affiant.)
5705 S.E. Knapp St. Portland Ore.
(Street Address, City, State)

Received for filing on DEC 24 1941 By
(Registrar's signature)

DEC 8 1 1941

751-111003-766

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12908

County of Bannock

City or Block Signal Station — Registration District No. 19 — File No. 1

No. ____ St. — Primary Registration District No. 1002 — Registered No. 85

Hospital ____

FULL NAME OF CHILD Baby Pearson, HERMAN HOWARD

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	2 / 11 / 1913

FATHER

FULL NAME: Herman Pearson
RESIDENCE: Block Sig Sta -
COLOR: W.
AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Sweden
OCCUPATION: Sig Man Charging Foreman

MOTHER

FULL MAIDEN NAME: Mable Lovelough
RESIDENCE: Block Sig. Sta.
COLOR: W
AGE AT LAST BIRTHDAY: 24 (Years)
BIRTHPLACE: Mc Cammon Ida
OCCUPATION: Housework

Number of child of this mother, including present birth: 3
Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Leahy

(Physician or midwife)

Address Pocatello Ida

Given names added from a supplemental report

....., 19.....

Filed 4/28/13 — O. B. Leahy

Registrar

S-Y CO. 20174

Registrar

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 12908

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth or Death)
for (Name on Original Certificate) who (Was Born or Died) on (Date of Event)
in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Baby Pearson	Herman Howard Pearson

Subscribed and sworn to before me this 10
day of February, 1944.
Mary C. Lewis
Notary Public, residing at 1931 W. Manchester
My commission expires 7/25/44
(Seal)

Signed Mable Pearson McDermid
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
434 East 110 St Los Angeles Cal
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of Los Angeles }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10
day of February, 1944.
Mary C. Lewis
Notary Public, residing at 1931 W. Manchester
My commission expires 7/25/44
(Seal)

Signed Glenn J. Caffelt
(Signature of Any Credible Person Other Than Previous Year)
434 E 110th St LA
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU

(PLEASE DO NOT CORRECT OR AMEND AN ORIGINAL CERTIFICATE)

FEB 21 1942

K 914-210-603-389

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12909
12909

County of Bannock

City of Pocatello

Registration District No. 19

File No.

No. 433 So 4th St.

Primary Registration District No. 100

Registered No. 86

Hospital

FULL NAME OF CHILD XXXXXXXX Baby Gamboni ENID GAYLE

Sex of Child Female

Twin Triplet or other? (To be answered only in event of plural births) and Number in order of birth

Legitimate? yes

Date of Birth Apr 16 (Month) (Day) 1913 (Year)

FATHER

FULL NAME George Gamboni

RESIDENCE Pocatello

COLOR W.

AGE AT LAST BIRTHDAY 23. (Years)

BIRTHPLACE Eureka Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Ruby Christensen

RESIDENCE

COLOR W.

AGE AT LAST BIRTHDAY 25 (Years)

BIRTHPLACE Ephraim Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive, at 2 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Treasy

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

Filed 4/29 1913

O. B. Treasy
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 12909

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Enid Gayle Zamboni (NAME ON ORIGINAL CERTIFICATE) who ..... (WAS BORN OR DIED) on 10th April 1913 (DATE OF EVENT)
in Pocatello - Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Certificate of Baptism (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on 30th of April 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Enid Gayle Zamboni

Subscribed and sworn to before me this 6th
day of June, 19 42

Signed Ruby A. Zamboni
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Notary Public, residing at Los Angeles Calif.

My commission expires June 8 1946.
(SEAL)

3027 Live Oak St.
(STREET ADDRESS, CITY, STATE) Huntington Park Calif.

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Signed Mrs Clara Healy
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Notary Public, residing at .....

2011 - Pennsylvania St
(STREET ADDRESS, CITY, STATE)

My commission expires .....
(SEAL)

Oleander - Calif.

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

JUN 19 1944

4

319-112-003-259 name added, last name amend
1-10-85 dl

Form V. S.-Mo. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12910

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 535 N Hayes

Hospital

Registration District No. 19 File No. 11

Primary Registration District No. 1002 Registered No. 87

FULL NAME OF CHILD Baby Larsen Herbert Oliver Larson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 12 1913

	FATHER	MOTHER
FULL NAME	Chas. Larsen	Esther Berg
RESIDENCE	Pocatello	Pocatello
COLOR	W.	W.
AGE AT LAST BIRTHDAY (Years)	32	20
BIRTHPLACE	Sweden	Logan Utah
OCCUPATION	Car Builder	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Neely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 4/28 19 13

S-Y CO. 20174

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12-4-84

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
JAN 4 1985
Bureau of Vital Statistics

State of _____ } ss.
County of _____ }

Certificate No. 12910
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Larsen (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 12, 1913 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed Larsen	Herbert Oliver Larson
fathers last name	Larsen	Larson

Subscribed and sworn to before me this 6th day of December, 1984.

Notary Public, Clyde R. Perry

Residing at Pocatello, ID.

My commission expires May 29, 1988

(Seal)

STATE OF IDAHO — CLYDE R. PERRY

x Herbert O Larson
Signature of Applicant

x 917 E Pine Pocatello Idaho.
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

x John A Berg
Supporting Signature

x _____
Street Address, City, State

Marriage Certificate from State of Utah lists Herbert Oliver Larson (Hatten) and Mary Rebecca Whitaker were married Jan 16, 1941. Viewed by V.S.

Rail Road Retirement paper dated Jan 25, 1975 lists Herbert O Larson (Hatten born April 12, 1913 at Pocatello to Charles Larson and Esther Josephine Berg. Viewed by V.S.

JAN 10 19

Baptism record from LDS Church gives Herbert Oliver Larson (Hatten) born April 12, 1913 to Charles Larson and Esther Berg was baptised April 14, 1940. Viewed by V.S.

255-216-003-613 name added 10-4-85 dl

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12911

County of Bannock

City of Pocatello

Registration District No. 19 File No.

No. 402 N. Garfield

Primary Registration District No. 1002 Registered No. 88

Hospital

FULL NAME OF CHILD Helen Baby Bennett

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4-16-1913

FATHER	MOTHER
FULL NAME Grant Bennett	FULL MAIDEN NAME Prata Waldram Bennett
RESIDENCE Pocatello Ida	RESIDENCE
COLOR W AGE AT LAST BIRTHDAY 23 (Years)	COLOR W AGE AT LAST BIRTHDAY 21 (Years)
BIRTHPLACE Beaver Co Pa	BIRTHPLACE Logan Utah
OCCUPATION	OCCUPATION

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O B Jeppesen

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 4-28 19 13 O B Steely

Registrar

S-Y CO. 20174

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 0 1975

10-4-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
OCT 4 11 10 AM '85

State of Idaho
County of Ada } ss.

Certificate No. 12911
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth

for Unnamed Bennett (Name on Original Certificate) who was born (Was Born, Died, etc.) on April 16, 1913 (Date of Event)

in Pocatello (Bannock) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Helen Bennett

Subscribed and sworn to before me this 4th day of October, 1985.

Notary Public, Laraine Leavitt

Residing at Boise Ada Idaho

My commission expires Jan 19, 1987

(Seal)

X Helen B Drake
Signature of Applicant

X 299 Center Street
Street Address, City, State

SLC Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19___.

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

_____
Supporting Signature

_____
Street Address, City, State

Marriage License lists Claude C Drake and Helen Bennett were married Sept 12, 1941 in Orofino, Idaho. Viewed by V.S.

LDS Church record Lists Helen Bennett born April 16, 1913 in Pocatello to Lester Grant Bennett and Ireta Waldrum and was blessed June 1, 1913. Viewed by V.S.

V

118-117-003-412

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12912

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 336 So 8th St.

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 89

Hospital

FULL NAME OF CHILD [redacted] Jayne Jack Perry

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jack Jayne	Mamie Mason
RESIDENCE	Pocatello	Pocatello
COLOR	W.	W.
AGE AT LAST BIRTHDAY	27 (Years)	24 (Years)
BIRTHPLACE	Douglas Kans	Crab Orchard Ken.
OCCUPATION	Car Repairer	Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) O. B. Steely

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/28/13 O. B. Steely
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DEC 7 1942

433-101-003-313

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12913

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. ..... St.

Hospital —

Registration District No. 19 File No. ....

Primary Registration District No. 1002 Registered No. 90.

FULL NAME OF CHILD Talbot McLaughlan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male	—	—	Yes	3	1	1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Willard McLaughlan	Rose Talbot
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	31
BIRTHPLACE	Salt Lake City, Utah	Salt Lake City, Utah
OCCUPATION	Locomotive Engineer	Home

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 3:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Filed 4/28 19 13 O. L. Healy Registrar

8-Y CO. 20174

MAR 5 1971

815-12-1-003-815

4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 5/1/75 **CERTIFICATE OF BIRTH**

12914

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 729 S. 6th St.

Hospital

Registration District No. 19 File No.

Primary Registration District No. 1002 Registered No. 91

FULL NAME OF CHILD Thomas Arden Hansen

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	March 21 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Hansen	Emma Vilate Hansen
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	24
BIRTHPLACE	St Charles Idaho	Garden City, Utah
OCCUPATION	Laborer	Home

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10:19 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or Midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/28/13 O. H. Neer
Registrar

S-Y CO. 20174

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 11 2 20 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Utah } ss.
County of Rich

Certificate No. 12914

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Hansen (Name on Original Certificate) who was born (Was Born or Died) on March 21, 1913 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	omitted	Thomas Arden Hansen
Father's name	Hanson	Hansen

Subscribed and sworn to before me this 7th day of April, 1975

Notary Public, residing at Garden City, Utah

My commission expires 11-3-75

(Seal)

Signed Irene Kennedy, Sister
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Rich

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of April, 1975

Notary Public, residing at Garden City, Utah

My commission expires 11-11-75

(Seal)

Signed Fred C. Selle
(Signature of Any Credible Person)

Garden City, Utah 84028
(Street Address, City, State)

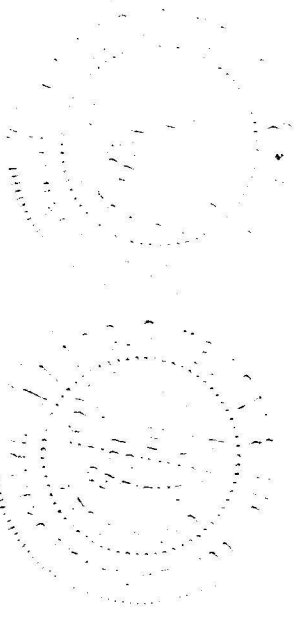
FORM DH 60-155

Correction Corresp - 12-30-74 (H)

MAY 1 1975

Certificate of Blessing LDS Church , Pocatello, Idaho 2nd Ward gives name as Thomas Arden Hansen born March 21, 1913 at Pocatello, Idaho father Charles Hansen , mother Vilate Hansen. signed by R. M. Garbett, Bishop. Blessed April 1913.
Viewed by VS

Certifica te of Baptism, LDS Church - Thomas Arden Hansen born March 21, 1913 at Pocatello, Idaho, father Charles Hansen, mother Vilate Hansen. Signed by C. W. Pope (Bishop)
Viewed by VS (Baptized March 21, 1921)



218-202-003-819

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 4½ miles North

Hospital

Registration District No. 19 File No. 12915

Primary Registration District No. 1002 Registered No. 92

FULL NAME OF CHILD Fern Isabel Baysinger

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Female	—	—	Yes	April 2, 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Floyd Ira Baysinger	FULL MAIDEN NAME	Esther Ethel Harvey
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	20 (Years)
BIRTHPLACE	Harrisburg Nebraska	BIRTHPLACE	Farwell, Nebraska
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 11:15 p. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Hurd M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4-28 19 13

O. R. Leech
Registrar

8-Y CO. 20174

cc 3/5/41 rmf

365-228-003-243

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 835 E. Halliday St.

Hospital —

Registration District No. 19

Primary Registration District No. 1002

File No. 12916

Registered No. 93

FULL NAME OF CHILD BERTHA BIRDIE Long

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	March 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Benjamin F. Long	Della Sutrick
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	34
BIRTHPLACE	Miss Mississippi	Miss Mississippi
OCCUPATION	Switchman	Home

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 10 00 a M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Filed Mar 8 19 13 O. D. Heed

Registrar

.....

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Missouri } ss.
County of Jackson }

Certificate No. 12916

Date Filed APR 20 1942

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (BIRTH OR DEATH)
for UNNAMED LONG (NAME ON ORIGINAL CERTIFICATE) who WAS BORN (WAS BORN OR DIED) on MARCH 24 - 1913 (DATE OF EVENT)
in POCATELLO - Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by FAMILY RECORDS (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on APRIL 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed Long	Bertha Birdie Long

Subscribed and sworn to before me this 28 day of February, 19 42.

James A Kilmer
Notary Public, residing at Court House Kansas City Mo

My commission expires Aug 11 - 1942.
(SEAL)

X Signed Della Long Brandale
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

1317 Charlotte St Kansas City Mo.
(MOTHER) (STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Colorado } ss.
County of Denver }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of April, 1942.

John Redewald
Notary Public, residing at Denver

My commission expires Commission expires Oct. 20, 1943
(SEAL)

Signed Lea F. Wise
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

1234 Willow St. Denver, Colo.
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

APR 27 1942

291-202-03-485

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 639 N. Main St.

Registration District No. 19 File No. 12917

Primary Registration District No. 1082 Registered No. 94

Hospital

FULL NAME OF CHILD Kathyrone Anna Brandt.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			yes	April 2 1913

FATHER		MOTHER	
FULL NAME	Louis P. Brandt.	FULL MAIDEN NAME	Amelia Myer.
RESIDENCE	639 N. Main	RESIDENCE	639 N. Main
COLOR	White	COLOR	white
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Chicago, Ill.	BIRTHPLACE	Denver, Colorado.
OCCUPATION	Brakeman.	OCCUPATION	Housewife.

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, Apr. 2, 1913 at 5:00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Dmitt Woodley

Pocatello Idaho
(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/28 19 13 O. W. Steen
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 5 1958

459-11-903-315

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 344 N. Grant St.

Registration District No. 19

Primary Registration District No. 1007

File No. 12918

Registered No. 95

Hospital

FULL NAME OF CHILD Vincent Patrick Derig

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	Yes	April 11th, 1913 (Month) (Day) (Year)

FATHER

FULL NAME: Vincent Francis Derig

RESIDENCE: Pocatello Idaho

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: White Lake S. D.

OCCUPATION: Railway Mail Clerk

MOTHER

FULL MAIDEN NAME: Hazel Veronica Lane

RESIDENCE: Pocatello Idaho

COLOR: White AGE AT LAST BIRTHDAY: 20 (Years)

BIRTHPLACE: Weiser, Idaho.

OCCUPATION: H. W.

Number of child of this mother, including present birth: One

Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive Apr 11/13 (Born alive or stillborn), at 3 45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle M D

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

..... 19.....

Filed 4/28 19 13 O B Feely

Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified copy issued November 4, 1940. E.W.

669-112-003-249

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 203 N. Arthur St.

Hospital —

Registration District No. 19 — File No. 12919

Primary Registration District No. 1002 — Registered No. 96

FULL NAME OF CHILD — North

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
Male	—	—	Y	April 2

	FATHER	MOTHER
FULL NAME	Jerome A. North	FULL MAIDEN NAME Margaret Smith
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	28
BIRTHPLACE	Mt. Pleasant Mo.	Beaufort Mont
OCCUPATION	Carpenter	Housework

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 7:40 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/28 19 13 O. D. Tracy

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 1 7 1967

418-113-003-219

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12920

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 817 N. Grant St.

Hospital

Registration District No. 19 File No. 4

Primary Registration District No. 10 v 2 Registered No. 97

FULL NAME OF CHILD William Arthur Mayzes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 13 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur Edward Mayzes	Edith Barrett
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY	28 (Years)	29 (Years)
BIRTHPLACE	London England	London, England
OCCUPATION	Carpenter	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 11:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

S-Y CO. 20174

(Signature) W. J. Howard M.D.

(Physician or ~~midwife~~)

Address Pocatello Ida

Filed 4/28/13 O. B. Leach
Registrar

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

DEC 16 1942

Amended 11/19/71

793-215-003-818

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 12921
Local Reg. No.
Reg. Dist. No. 19

1. PLACE OF BIRTH
a. COUNTY: Bannock
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: 431 S. Second

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Eva
b. (Middle): Ann
c. (Last): Pickett

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) April (Day) 15, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): James
b. (Middle): E.
c. (Last): Pickett

8. AGE (At time of this birth): 30 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): England

10. USUAL OCCUPATION: Grocer. Clerk

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lavina
b. (Middle):
c. (Last): Hayes

13. AGE (At time of this birth): 30 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Ogden, Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 3
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. Smith Woolley

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Pocatello, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: 4/28/13

22. REGISTRAR'S SIGNATURE: O. B. Steely

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

RECORD TYPEWRITTEN HEREON IN COMPLETING THIS CERTIFICATE. AND CERTIFICATE MUST BE FILED WITH THE District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... ss.

County of .....

RECEIVED NOV 18 - 1971 Bureau of Vital Statistics

Certificate No. 12921

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Lavina Pickett (Name on Original Certificate) who was born (Was Born or Died) on Apr. 15, 1913 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Lavina Pickett	Eva Ann Pickett

(Brother of Eva Ann Pickett Moore)

Subscribed and sworn to before me this 30th day of October, 19 71

Notary Public, residing at Portland, Oregon (Weekend Cove)

My commission expires 4-20-74

(Seal)

Signed James E. Pickett

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

8345 S.W. Carmel Court-Portland, Ore. 97223

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho

County of Shoshone } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

(Sister of Eva Ann Pickett Moore)

Subscribed and sworn to before me this ..... day of November, 19 71

Notary Public, residing at Kellogg, Idaho

My commission expires 9-27-73

(Seal)

Signed Lora Elaine Pickett Jaeger

(Signature of Any Credible Person)

304 Emerald

Kellogg, Idaho 83837

(Street Address, City, State)

FORM DH 60-155 CL 10/20/71 1cc pd. rec. # 25109

Certif. of Blessing from LDS Church gives name as Eva Ann Pickett. Daughter of James E. Pickett and Lovina Haynes. Born April 16, 1913. Blessed July 6, 1913. Viewed by V. S.

[illegible] /

Marriage Certif. from Idaho & gives groom's name as Alvin George Boyd and the bride's name as Eva Ann Pickett. Dated April 8, 1931. Viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 431 S. Second St.

Hospital

STATE OF [redacted]
BUREAU OF VITAL [redacted]CS

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 1002

File No. 12921

Registered No. 98

FULL NAME OF CHILD Lavina Pickett.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	April 15 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James E. Pickett	Lavina Hayes.
RESIDENCE	Pocatello, Idaho	Pocatello, Ida
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	30
BIRTHPLACE	England	Ogden, Utah
OCCUPATION	Grocer clerk	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) April 15 at 2:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Dewitt Woolley

(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/28 19 13

G B Stacy
Registrar

S-Y CO. 20175

MAR 15 1965

NOV 19 1971

818-218-003-657

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 404 N. 6th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 12922

Primary Registration District No. 1002 Registered No. 99

FULL NAME OF CHILD

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth (Month) (Day) (Year)
F.		yes	April 18 1913

FATHER	MOTHER
FULL NAME E. Leroy Harrison	FULL MAIDEN NAME Ethel Wilson
RESIDENCE Pocatello Idaho	RESIDENCE Pocatello, Idaho
COLOR white AGE AT LAST BIRTHDAY 30 (Years)	COLOR white AGE AT LAST BIRTHDAY 29 (Years)
BIRTHPLACE Logan, Utah	BIRTHPLACE Ogden, Utah -
OCCUPATION Optician	OCCUPATION Housewife -

Number of child of this mother, including present birth two

Number of children of this mother now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), Apr 18, at 6:00A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley

(Physician or midwife)

Address Pocatello, Idaho -

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/28 19 13 O P Keach Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-220-003-469

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12923

12923

County of Bannock

City of Pocatello Idaho

Registration District No. 19

File No.

No. 431 E. 6th Ave

Primary Registration District No. 1002

Registered No. 100.

Hospital

FULL NAME OF CHILD Jean McConnell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Female	— and —	—	Yes	April 20 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Ralph L. McConnell	FULL MAIDEN NAME: Mayme Ruth Morrison
RESIDENCE: Pocatello, Idaho	RESIDENCE: Pocatello, Idaho
COLOR: White — AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White — AGE AT LAST BIRTHDAY: 29 (Years)
BIRTHPLACE: Denver Colorado	BIRTHPLACE: Denver Colorado
OCCUPATION: Lumberman	OCCUPATION: Hswf

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5:20 a.m. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard, M.D.

(Physician or ~~midwife~~)

Pocatello Idaho

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/28 19 13 O. P. Healy
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

168-226-003-293

V

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12924

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 446 E. Fremont St.

Hospital —

Registration District No. 19 1 File No. 777

Primary Registration District No. 1002 Registered No. 101

FULL NAME OF CHILD Ruby Lucile Johnson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	—	—	Yes	April 26 1913

	FATHER	MOTHER
FULL NAME	George A. Johnson	FULL MAIDEN NAME Alice Lucy Kilgore
RESIDENCE	Pocatello Idaho	Pocatello Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	42	39
BIRTHPLACE	Logan, Utah	Walker County Georgia
OCCUPATION	Carpenter	Home

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:55 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. J. Howard M.D.

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4-28 1913 O. P. Leach

Registrar

8-Y CO. 20174

Form V.S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 12924

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Johnson (female) (Name on Original Certificate) who was born (Was Born or Died) on April 26, 1913 (Date of Event) in Pocatello, Idaho (Bannock) (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Ruby Lucile Johnson

Subscribed and sworn to before me this 7 day of September, 1977

Fay C. Johnson
Notary Public, residing at Salt Lake
My commission expires 3/13/81
(Seal)

Signed W Vaughn Johnson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Brother
207 Hubbard Ave Salt Lake City Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah } ss.
County of Salt Lake }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7 day of September 7, 1977

Fay C. Johnson
Notary Public, residing at Salt Lake
My commission expires 3/13/81
(Seal)

Signed George A Johnson
(Signature of Any Credible Person)

1533 South 4th East Salt Lake City Utah
(Street Address, City, State)

FORM DH 60-155

CL 9/1/77 Rush!

Certif of Blessing fromthe LDS Church gives name as Ruby Lucile Johnson duaghter of George A. Johnson and Alice Lucy Kilgore. born April 26, 1913 in Pocatello, Idaho. Blessed July 6, 1913. viewed by V. S.

SEP 20 1977

Certif of Birth from the LDS Church gives name as Ruby Lucille Johnson born April 26, 1913 in Pocatello, Idao. father's name as George A. Johnson and mother's name as Alice Lucy Kilgore. Entered on record May 1, 1921. viewed by VS

485-104-003-748

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 625 E. Fremont St.

Hospital Home

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 12925

Primary Registration District No. 1002 Registered No. 102

FULL NAME OF CHILD Edwin Guy Myers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	April 4 1913

FATHER	MOTHER
FULL NAME Lew T. Myers	FULL MAIDEN NAME Maud Ellen Gaye
RESIDENCE 625 E. Fremont St	RESIDENCE 625 E. Fremont St
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 31 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Logan Utah	BIRTHPLACE Ore.
OCCUPATION O.S.L. fireman	OCCUPATION housekeeping

Number of child of this mother, including present birth four

Number of children of this mother now living, including present birth four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 5 A.M. on the date above stated.

(Signature) Mrs. Carrie Bird

Midwife (Physician or midwife)

Address 405 So. Main St.

Filed 4/30 1913 O.B. Steadman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

381-113-003-5-25

Form V. S. No. 11-C—20m-2-15-28

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 711 So. 3rd Ave. St.

Hospital home

Registration District No. 19 File No. 12926

Primary Registration District No. 1002 Registered No. 103

FULL NAME OF CHILD Baby Chandler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	April 13 1913

FATHER	MOTHER
FULL NAME Charles Lenord Chandler	FULL MAIDEN NAME Ada Pearl Exeter
RESIDENCE 711 So 3rd Ave.	RESIDENCE 711 So 3rd Ave.
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 33 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Logan, Utah	BIRTHPLACE Richmond Utah
OCCUPATION Car inspector	OCCUPATION housekeeping

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Annie Bird

Mid wife (Physician or midwife)

Address 905 So. Main St.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed 4/30 19 13

O. B. Lee
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-0--20m-3-15-43

933-216-003-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 610 N. Arthur St.

Registration District No. 19 File No. 12927

Primary Registration District No. 1002 Registered No. 104

Hospital

FULL NAME OF CHILD Francis Morgan Illingsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	✓	✓	Yes	April 16th 1913

FATHER		MOTHER	
FULL NAME	Wm. Illingsworth	FULL MAIDEN NAME	Rose Backenberg
RESIDENCE	Pocatello Idaho	RESIDENCE	Pocatello Idaho
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Attica Iowa	BIRTHPLACE	Le Mars Iowa
OCCUPATION	Loco Engineer	OCCUPATION	H. W.

Number of child of this mother, including present birth One Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive Apr 16/13, at 10 P. M. on the date above stated.
(Born alive or still-born)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H A Castle MD
(Physician or midwife)

Address Pocatello, Idaho

Given names added from a supplemental report

..... 19.....

Filed May 19.13 O. D. Lee
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 2 3 1967
AUG 2 1973
JAN 9 1975

367-127-002-419

V

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 1245 A. 5th Ave

Hospital —

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12928

Registration District No. 19 File No. 28

Primary Registration District No. 1002 Registered No. 105

FULL NAME OF CHILD Benjamin Arthur Sogan

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Y	Apr. 27 1913

FATHER		MOTHER	
FULL NAME	Benjamin Franklin Sogan	FULL MAIDEN NAME	Ethel Morey
RESIDENCE	Pocatello, Idaho	RESIDENCE	Pocatello Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	28	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Enid, Illinois	BIRTHPLACE	Paradise Nevada
OCCUPATION	Lumberman	OCCUPATION	H. W.

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive ~~or stillborn~~) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. F. Howard M.D.

(Physician ~~or midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed 4/30 19 13

.....
Registrar

S-Y CO. 20174

Form V. S. No. 11-C—20m-2-15-12

MAY 1 1942

258-128-003-266

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12930

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 633 So 5 St.

Hospital

Registration District No. 19 File No. 11

Primary Registration District No. 1002 Registered No. 107

FULL NAME OF CHILD George Raymond Snyder.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male.	Twin	1st	Yes	Mar 28, 1913.

	FATHER	MOTHER
FULL NAME	Wm Clinton Snyder	Clara Francis Booth
RESIDENCE	Cygnet, Ida.	Cygnet
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	53.	40.
BIRTHPLACE	Pa.	Ill.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 8

Number of children, of this mother, now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 6 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) .....

.....
(Physician or Midwife)

Address Pocatello Idaho

Filed Apr 10, 1913

.....
Registrar

S-Y CO., 16670

246-103-003-962

PLACE OF ~~BIRTH~~

County of Bannock

City of Pocatello

No. 827 So 10 St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

Form V. S. No. 11-C—15m-6-30-11

CERTIFICATE OF BIRTH

12931

Registration District No. 19

File No. 11

Primary Registration District No. 1002

Registered No. 108

FULL NAME OF CHILD FERROL J. SMOOT

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male		1	Yes	Nov. 2, 1913

	FATHER	MOTHER
FULL NAME	John Ferrol Smoot	Mary Esther Goss
RESIDENCE	Pocatello, Ida.	Pocatello, Ida.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Utah	Utah
OCCUPATION	Electrician	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 12:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. Mary

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 10 1913 O. F. Boren

Registrar

S-Y CO., 16870

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Lemhi }

Certificate No. 12931

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for (NAME ON ORIGINAL CERTIFICATE) who (WAS BORN OR DIED) on (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Ferrol J. Smoot

Subscribed and sworn to before me this 27th
day of May 1942
Frederick Hughes Smoot
Notary Public, residing at Salmon
My commission expires Sept. 21, 1943
(SEAL)

Signed Mary Esther Smoot
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Salmon, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi }

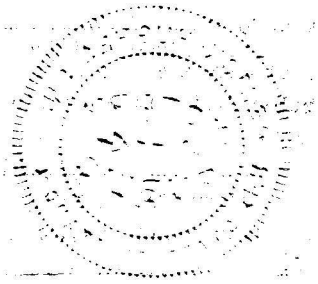
[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 27th
day of May 1942
Frederick Hughes Smoot
Notary Public, residing at Salmon
My commission expires Sept. 21, 1943
(SEAL)

Signed Frances B. McLeod
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Salmon, Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 29 1942 By
(REGISTRAR'S SIGNATURE)

JUN 3 1942



435-206-003-756

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12932

County of Bannock

City of Pocatello

Registration District No. 19

File No. 11

No. 943 N. Garfield

Primary Registration District No. 1002

Registered No. 109

Hospital

FULL NAME OF CHILD Evelyn Julia McNeil

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth
Female	(To be answered only in event of plural births)		Yes	April 6 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James X. McNeil	Elizabeth Anne George
RESIDENCE	Pocatello, Ida	Pocatello Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	37	37
BIRTHPLACE	California	Oregon
OCCUPATION	Loco. Engineer	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was on the date above stated. (Born alive ~~or stillborn~~) at 10:30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. McKay

(Physician or ~~Midwife~~)

Address Pocatello Idaho

Filed Nov 10, 1913 O'Neal Registrar

S-Y CO., 16670

OF IDAHO

Vital Statistics

TE OF BIRTH

1293

789-116-003-258

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12933

County of Bannock

City of Pocatello

No. 633 So. 5th St.

Registration District No. 19 File No. 14

Primary Registration District No. 1002 Registered No. 110

Hospital

FULL NAME OF CHILD Richard Kent Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		1	Yes	Apr 16 1913

	FATHER	MOTHER
FULL NAME	Thomas Owen Phillips	FULL MAIDEN NAME Lucille Idella Snyder
RESIDENCE	Capital, Idaho	RESIDENCE Same
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE	Texas	BIRTHPLACE Idaho
OCCUPATION	Rancher	OCCUPATION Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 8.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) [signature]

(Physician or midwife)

Address Pocatello Idaho

Filed Apr 22, 19 13 [signature]
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 26 1942

FEB 4 1942

415 - 217-003-385

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

12934

County of Bannock

City of Pocatello Ida. Registration District No. 19 File No. 11

No. 1345 N. Garfield St. Primary Registration District No. 1002 Registered No. 111

Hospital

FULL NAME OF CHILD Gertrude Daniels

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr. 17, 1913

FATHER		MOTHER	
FULL NAME	Walter Daniels	FULL MAIDEN NAME	Alice Shreve
RESIDENCE	Pocatello Ida	RESIDENCE	Pocatello Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. McKay

(Physician ~~or Midwife~~)

Address Pocatello Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 20, 1913

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

SEP 29 1960

MAR 5 1975

819 - 122-003-781

V

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 658 No. Harrison St.

Hospital

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH S 12935

Registration District No. 19 File No. HL

Primary Registration District No. 1002 Registered No. 112

FULL NAME OF CHILD Preston D. Harlingson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4	Yes	Apr 22 1913

FATHER

FULL NAME: Harold Leonard Harlingson

RESIDENCE: 658 No Harrison

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: Utah

OCCUPATION: Locomotive Engineer

MOTHER

FULL MAIDEN NAME: Myrtle Eliza Harris

RESIDENCE: Same.

COLOR: White AGE AT LAST BIRTHDAY: 25 (Years)

BIRTHPLACE: Wyoming.

OCCUPATION: Housewife.

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn (Born alive or stillborn), at 4:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) J. M. Kay
(Physician or midwife)

Address Pocatello Idaho

Filed Apr 24 19 13 O. B. Lewis
Registrar

S-Y CO. 20174

331-222-003-331

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bannock

City of Pocatello

No. 628 W. Lewis St.

Registration District No. 19 — File No. 12936

Primary Registration District No. 1002 — Registered No. 113

Hospital

FULL NAME OF CHILD Helen Clarke

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1st	Yes	Apr 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Chester Clark	Louise Egbert Clark
RESIDENCE	628 W. Lewis	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	26
BIRTHPLACE	Cadiz, Ohio	Charles City, Iowa
OCCUPATION	R.R. Conductor	Home wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10 a M. on the date above stated.

(Signature) O. J. Leach

(Physician or midwife)

Address Pocatello Idaho

Filed Apr 24 1913 O. J. Leach Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

859-123-003-363

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 806 N. Hayes St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 12937

Primary Registration District No. 1002 Registered No. 114

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 23 1913

FATHER		MOTHER	
FULL NAME	James Pierpont Herrick	FULL MAIDEN NAME	Elizbeth Lockhead
RESIDENCE	Pocatello, Ida	RESIDENCE	Pocatello, Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Ogden, Utah	BIRTHPLACE	Glasgow, Scotland
OCCUPATION	Manager-shoe dept.	OCCUPATION	Housewife

Number of child of this mother, including present birth three

Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, April 23, at 3.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H Smith Woolley

(Physician ~~or midwife~~)

Address Pocatello, Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr 28 1913

J B Keeley
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

003-816

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12938

Registration District No. 19 File No. III

Pocatello

No. 557 W. Whitman Primary Registration District No. 1002 Registered No. 115

Hospital

FULL NAME OF CHILD (xxxxxxxxxxxxxxxx) Kathryn Lynn Lane

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	Apr. 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank G. Lane	Stella Hawkes Lane
RESIDENCE	557 W. Whitman	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	30	25
BIRTHPLACE	Evanston, Wyo	Rockland, Ida.
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

(Signature) O. B. Lucky

(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Apr 24 19 13 O. B. Lucky Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

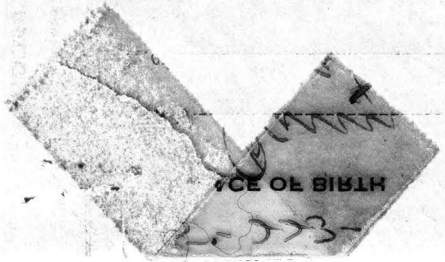
..... Registrar

6-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

5/9/41 L. B.



Use only BLACK Ink or BLACK Record typewriter ribbon in completing this certificate. Mail COMPLETED certificate in envelope bearing FIRST-CLASS postage to State Bureau of Vital Statistics, Boise, Idaho, for filing. No charge for filing. Each certified copy requires an advance payment of fifty cents, money order or coin.

United States Department of Commerce
Bureau of Census

MAY 3 1941

(Be sure the information is as of date of birth of THIS child)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local-Reg. No.
Reg. Dist. No.

1. **PLACE OF BIRTH**
   (a) County Bannock (b) City Pocatello
   (c) Street Address or R.F.D. No. 427 W. Bonneville
   (d) Name of Hospital or Maternity Home:
   (e) Mother's stay **BEFORE** delivery:
   In Hosp. or Mat. Home ..... days.
   IN **THIS** county 20 years month days

2. **USUAL RESIDENCE of MOTHER** (At time of this birth) Bannock.
   (a) State Idaho (b) County
   (c) City Pocatello xxxxxxx 427 W. Bonne
   (d) Street Address or R.F.D. No.
   (e) How long has **MOTHER** lived in Idaho? 20 yrs.
   (f) Mother's mailing address Pocatello, Ida

3. **RESIDENCE of FATHER** (city, state) Pocatello Ida.

4. **FULL NAME OF CHILD** Kathryne Lynn Lane

5. Date of Birth (Month, day, year) 4-23- 1913

6. Sex female

7. Twin or Triplet

If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? yes

FATHER OF CHILD

10. **FULL NAME** Frank G. Lane
11. Color or Race white
12. Age at time of THIS birth 28 yrs.
13. Birthplace Layrma, Wyo (City or town) (State or foreign country)
14. Exact Occupation Hardware merchant
15. Industry or Business Hardware

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Stella Hawkes
17. Color or Race white
18. Age at time of THIS birth 26 yrs.
19. Birthplace Rockland, Idaho (City or town) (State or foreign country)
20. Exact Occupation house wife
21. Industry or Business house wife

22. Name prophylactic used to prevent Ophthalmia Neonatorum
23. Number of children of this mother: (a) At time of birth and including this child nil (b) Born alive and now living
    (c) Born alive and now dead nil (d) Stillborn nil

24. I HEREBY CERTIFY That I attended the birth of this child, who was ..... (born alive, stillborn) at ..... M. on the date and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name), who is related to this child as ..... (Mother, etc.)

26. (a) ..... (Date received) (b) ..... (Registrar's signature)

27. Given name added on ..... by ..... (Registrar's signature)

25. Attendant's **OWN signature** ..... M.D. (D.O., Midwife, etc.)
and address ..... Date

State of Idaho } ss.
County of Minidoka }

AFFIDAVIT To be completed when the attendant at birth is NOT LIVING or CANNOT BE LOCATED.

I, Lynne Hewitt, being first duly sworn, say that I am Grandmother (Related to (or) acquainted with) of Kathryne Lynn Lane (Name of person on certificate above) as ..... (State relationship or acquaintance), whose birth certificate appears above, and that I desire to have the said birth recorded under Chapter 139, 1937 Session Laws; and that the facts contained therein are true to the best of my knowledge. I further state that Dr. Steely (Name of attendant at birth), who attended said birth now deceased. (Is now deceased (or) cannot be located) and that this birth has not been previously recorded.

X Mrs Lynn Hewitt Signature

24- L.D.S. Grant-Pocatello P. O. Address

Subscribed and sworn to before me on this 1st day of May, 1941 Idaho

(SEAL) J. H. Jackson Notary Public, residing at .....

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed ~~by the local~~ registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

613-124-003-858

PLACE OF BIRTH

County of Bannock

City of _____

No. ranch west of Inkom.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 19

File No. 12939 III

Primary Registration District No. 1002

Registered No. 116

FULL NAME OF CHILD Lowell Lyman Walker

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
male		yes	April 24

FATHER

FULL NAME Lorin L. Walker

RESIDENCE ranch 6 miles west of Inkom

COLOR white AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Brigham City, Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Vera May Hendricks

RESIDENCE ranch 6 miles west of Inkom

COLOR white AGE AT LAST BIRTHDAY 20 (Years)

BIRTHPLACE Oxford, Idaho

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. April 24, 1913 at 6:20 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. Smith Woolley.

(Physician or ~~midwife~~)

Address Preston, Idaho.

Given names added from a supplemental report

..... 19.....

Filed Apr. 28 1913 O. B. Facer

Registrar

S-Y CO. 20175

Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

415-227003-655

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 936? N Clark St.

Registration District No. 19

File No. ~~12940~~ 111

Primary Registration District No. 1002

Registered No. 117

Hospital

FULL NAME OF CHILD Mary Virginia Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	Yes	Apr 27 1913

FATHER

FULL NAME: Robert J. Davis

RESIDENCE: Pocatello Ida

COLOR: White AGE AT LAST BIRTHDAY: 34 (Years)

BIRTHPLACE: Pa.

OCCUPATION: Lainman

MOTHER

FULL MAIDEN NAME: Lula A. Lee

RESIDENCE: Lasne

COLOR: White AGE AT LAST BIRTHDAY: 28 (Years)

BIRTHPLACE: W. Va.

OCCUPATION: Housewife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....
Registrar

(Signature) .....

.....
(Physician or ~~midwife~~)

Address Pocatello Idaho

Filed Apr 28, 1913

.....
Registrar

5-Y CO. 20174

DEC 1 1942

261-728-003-331

Amended 4-29-63

(Be sure the information is complete and accurate)

State File No. 12941
Local Reg. No. 118
Reg. Dist. No. 19

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH

a. COUNTY: Bannock

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location): 439 So. Arthur

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Bannock

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Pocatello

d. STREET ADDRESS (If rural, give location): 439 So. Arthur

3. CHILD'S NAME (Type or print)

a. (First): Steely b. (Middle): Oscar c. (Last): Baker Swanson

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
Male	SINGLE [X] TWIN [ ] TRIPLET [ ]	1ST [ ] 2ND [ ] 3RD [ ]	Apr. 28, 1913

FATHER OF CHILD

7. FULL NAME a. (First)	b. (Middle)	c. (Last)	8. COLOR OR RACE
Alfred	H.	Swanson	White

9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country) (City or Town)	11a. USUAL OCCUPATION	11b. KIND OF BUSINESS OR INDUSTRY
32 YEARS	Wahoo, Nebr.	Prop. - Laundry	

MOTHER OF CHILD

12. FULL MAIDEN NAME a. (First)	b. (Middle)	c. (Last)	13. COLOR OR RACE
Ora		Clark	White

14. AGE (At time of this birth)	15. BIRTHPLACE (State or foreign country) (City or Town)	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 weeks pregnancy)?
27 YEARS	Sac City, Iowa	3	0	0

17. INFORMANT'S SIGNATURE OR NAME (Relationship)

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: O. B. Steely

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Pocatello, Idaho

18d. DATE SIGNED

19. DATE REC'D BY LOCAL REG.: Apr. 28, 1913

20. REGISTRAR'S SIGNATURE: O.B. Steely

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occu hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physi or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this ar with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there b attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owne the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth oc red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of b Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by m cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person cha with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper ce cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

Cradle Roll Certificate, Christian Bible School, dated Feb. 6, 1916, No. 18 gives full name as Steely Oscar Baker Swanson, born April 28, 1913 viewed by V.S.

IDAHO DEPARTMENT OF HEALTH
documents listed on back –
BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of CALIFORNIA } ss.
County of LOS ANGELES }

RECEIVED
APR 15 1963
Bureau of Vital Statistics

Certificate No. 12941

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Swanson (male child) (Name on Original Certificate) who was born (Was Born or Died) on April 28, 1913 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Steely Oscar Baker Swanson
Full Maiden Name of Mother	Cora Clark	Ora Clark

Subscribed and sworn to before me this 12th day of APRIL, 1963

Lawrence E. Ayers
Notary Public, residing at LOS ANGELES
My commission expires LAWRENCE E. AYERS
(Seal) Notary Public
My Commission Expires Sept. 7, 1965

Signed Ora May Clark Swanson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4318½ KANSAS AVE, L A, CALIF
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155 CL 4-9-63. ~~nm~~ one copy pd. rec. #03208.

Another Child's Birth Cert. on file: (Idaho Birth) #31264. gives full maiden name of mother as Ora M. Clark - viewed by V.S.

Photo Copy of Marriage Certificate, married June 20, 1904 at Sac City, Iowa gives full name of groom as Alfred H. Swanson and full name of bride as Ora May Clark - viewed by V.S.

Photo Copy of Family Record, appears old and unaltered gives one child's full name as Steely Oscar Baker Swanson, born April 28th, 1913 at Pocatello, Idaho - viewed by V.S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 439 So. Arthur

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19 File No. 12941

Primary Registration District No. 1002 Registered No. 118

FULL NAME OF CHILD unnamed

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		4th	Yes	Apr 28 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred N. Swanson	Cora Clark Swanson
RESIDENCE	439 So. Arthur	Same
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	27
BIRTHPLACE	Wahoo Nebr.	Sac City Iowa
OCCUPATION	Prop. Laundry	Home wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 8 P M. on the date above stated.

(Signature) O B Leech

(Physician ~~or midwife~~)

Address Pocatello Idaho

Filed Apr 28, 1913 O B Leech Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

.....Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 29 1963

768-130-003-155

12942

Form V. S. No. 11-C—20m-2-15-12

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bannock

City of Pocatello

No. 303 So. Johnson St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 19

Primary Registration District No. 1002

File No. 12942

Registered No. 119

FULL NAME OF CHILD (unnamed)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		Yes	Apr 30 1913

FATHER	MOTHER
FULL NAME Henry L Poynter	FULL MAIDEN NAME Lena Jensen Poynter
RESIDENCE 303 So Johnson	RESIDENCE Same
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 28 (Years)
BIRTHPLACE Metcalf Co Ken.	BIRTHPLACE Cache Co Utah
OCCUPATION Contractor	OCCUPATION Home wife

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn)* at 11.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J T Lacey

(Physician or midwife)

Address Pocatello Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr 30, 1913

O T Lacey
Registrar

S-Y CO. 20174

Form V. S. No. 11—Rev. 5-15-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

295-122

PLACE OF BIRTH

No. [redacted]

County of Canyon

City of Caldwell

No. ——— St.

Hospital no

Form V. S. No. 11-C

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12943

Primary Registration District No. 1005 Registered No. 103

FULL NAME OF CHILD Paul Kingsbury

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	— (To be answered only in event of plural births)	—	yes	Apr 22 1913

FATHER		MOTHER	
FULL NAME	O. S. Kingsbury	FULL MAIDEN NAME	Ida Colby
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	39 (Years)	AGE AT LAST BIRTHDAY	33 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Carpenter	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 1.0 P. M. on the date above stated.

(Signature) S. J. Miller (M D)

(Physician or midwife)

Address Caldwell, Ida.

Filed May 17 1913 John Meyer Registrar

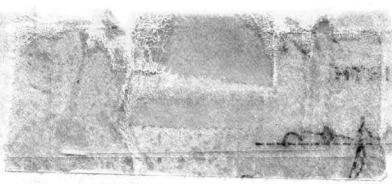
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174



JUL 16 1968

FEB 27 1975

643-123-014-257

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Hospital ____

Registration District No. 3 File No. 12944

Primary Registration District No. 1005 Registered No. 104

FULL NAME OF CHILD ROBERT EDWARD Edwin Robt. Fulton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	—	—	Yes	April 22 1913

FATHER		MOTHER	
FULL NAME	C. R. Fulton	FULL MAIDEN NAME	Leona Ida Colby Bean
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Penn	BIRTHPLACE	Wis
OCCUPATION	Engineer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 1 P. M. on the date above stated.

(Signature) S. J. Miller (M D)

(Physician or midwife)

Address Caldwell Ida

Filed May 12 1913 John L. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Washington } ss.
County of Pierce }

Certificate No. 12944

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Smith (BIRTH OR DEATH)
for Edwin Robert (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on April 23rd 1913 (DATE OF EVENT)
in Caldwell, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 1st 1931 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Edwin Robert	Robert Edward Fulton
Mother's name	Ida Colby	Leona Bean

Subscribed and sworn to before me this 2nd day of February, 19 43

Notary Public, residing at Tacoma

My commission expires Mar. 18, 1945
(SEAL)

Signed Mrs. L. B. Fulton.
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

6625 So. Tapato Tacoma, Wash.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19 .....

Notary Public, residing at .....

My commission expires .....
(SEAL)

Signed .....
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

.....
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....
(REGISTRAR'S SIGNATURE)

MAR 1 2 1943

FEB 6 1943

367-105-014-789

PLACE OF BIRTH

AMENDED 1-4-54

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ..... St.

Hospital .....

Registration District No. 3 File No. 12945

Primary Registration District No. 2005 Registered No. 106

FULL NAME OF CHILD Harold Robert Coggburn
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
male			yes	May 5, 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	John W. Coggburn	FULL MAIDEN NAME	Lola Price
RESIDENCE	Caldwell, Idaho	RESIDENCE	Caldwell, Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	22 (Years)	AGE AT LAST BIRTHDAY	18 (Years)
BIRTHPLACE	Ola, Idaho	BIRTHPLACE	Nyssa, Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) S. J. Miller, M. D.
(Physician or midwife)

Address Caldwell, Idaho

Filed May 12, 1913 John S. Meyers
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Hospital no

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12945

Primary Registration District No. 2005 Registered No. 106

FULL NAME OF CHILD Harold Robert Coggburn

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	Yes	May 4 — 1913

FATHER		MOTHER	
FULL NAME	John Coggburn	FULL MAIDEN NAME	Lola Price
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	19 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Oregon
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 12 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M.D.)

(Physician or midwife)

Address Caldwell, Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 12, 1913 John H. Meyer
Registrar

S-Y CO. 20174

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon

Certificate No. 12945

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Harold Robert Coggburn (Name on Original Certificate) who Born (Was Born or Died) on May 5, 1913 (Date of Event)
in Caldwell, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	none given	Harold Robert Coggburn

Subscribed and sworn to before me this 4th
day of September, 1942.

Notary Public, residing at Boise

My commission expires June 6, 1944
(Seal)

Signed Mrs Lola Coggburn
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 2, Boise, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

See affidavit attached to certificate #2979

SEP 4 1962

JAN 4 - 1954

NOV 20 1953

NOV 23 1953

DEC 12 1960

415-125-apr-419

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 12946

No. St.

Primary Registration District No. 2005 Registered No. 105

Hospital No

FULL NAME OF CHILD William Frederick Mann

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	apr 23 — 3

FATHER		MOTHER	
FULL NAME	E. E. Mann	FULL MAIDEN NAME	Stella Mann
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) S. J. Miller (M.D.)

(Physician or midwife)

Address Caldwell, Ida.

Given names added from a supplemental report

....., 19.....

K

Registrar

Filed May 12 1913 John S. Meyer Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Bonne-12-42

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of [illegible]

MAY 8

1942

MAY 16 1975

195-150-014-665

PL. ACE OF BIRTH

Form V. S. No. 1PC—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ——— St.

Registration District No. 3 File No. 12947

Primary Registration District No. 2005 Registered No. 102

Hospital no

FULL NAME OF CHILD Richard C. Aren

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	yes	apr 20 1913

FATHER		MOTHER	
FULL NAME	E. G. Aren	FULL MAIDEN NAME	Blanch Ford
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Mo	BIRTHPLACE	Ill.
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 p. m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. J. Miller (MW)
(Physician or midwife)

Address Caldwell Ida

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 12 1913 John Meyer
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

551-106-014-615

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Blaine St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12948

Primary Registration District No. 1005 Registered No. 85

FULL NAME OF CHILD Ezra Miles Evans

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	June 6 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	C. C Evans	Eva Warren
RESIDENCE	Caldwell Idaho	Caldwell Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	35	20
BIRTHPLACE	Kans	Mo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. M. Cox

(Physician or midwife)

Address

Given names added from a supplemental report

.....19.....

.....
Registrar

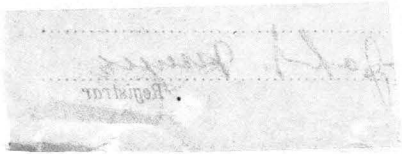
Filed April 9th 1913 John S. Jones
Registrar

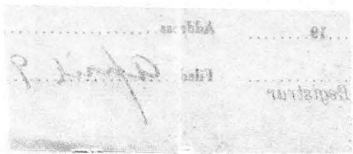
S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.





316-109-014-566

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 12949

No. Rural St.

Primary Registration District No. 2005

Registered No. 86

Hospital

FULL NAME OF CHILD Frank Vowell Lowe

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	April 9 1913

FATHER		MOTHER	
FULL NAME	J. H. Lowe	FULL MAIDEN NAME	Lillian Vowell
RESIDENCE	Caldwell, Ida	RESIDENCE	Caldwell
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Iowa	BIRTHPLACE	Ore.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 1 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. M. Lee

(Physician or midwife)

Given names added from a supplemental report

.....19.....

.....
Registrar

Address .....

Filed April 20 1913

John S. Hayes
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-O—20m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

762-111-014-632

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Middleton

Registration District No. 3

File No. 12950

No. ____, ____ St.

Primary Registration District No. 2004

Registered No. 87

Hospital ____

FULL NAME OF CHILD Harley Wayne Post

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M	S.	1	Yes	Apr. 11, 1913

FATHER	MOTHER
FULL NAME: William H Post	FULL MAIDEN NAME: Anna E Olsen
RESIDENCE: Middleton Ida	RESIDENCE: Middleton Ida
COLOR: W. AGE AT LAST BIRTHDAY: 47 (Years)	COLOR: W. AGE AT LAST BIRTHDAY: 38 (Years)
BIRTHPLACE: Oregon	BIRTHPLACE: Wisconsin
OCCUPATION: Laborer	OCCUPATION: Housewife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Gill M. D.

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

..... 19.....

Filed April 15 1913 John S. Meyer Registrar

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

369-23-04-413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 12951

No. X St.

Primary Registration District No. 2005 Registered No. 88

Hospital X

FULL NAME OF CHILD Lois Cornell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female			Yes	April 13 1913

FATHER		MOTHER	
FULL NAME	A. Cornell	FULL MAIDEN NAME	Bessie Mathews
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Burr Oak Kansas	BIRTHPLACE	Burr Oak Kansas
OCCUPATION	Dairyman	OCCUPATION	Housewife

Number of child of this mother, including present birth Six

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 2:35 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dora A. Weymouth D.O.

(Physician or ~~midwife~~)

Address 117 So 10 Ave Caldwell, Idaho

Given names added from a supplemental report

.....19.....

Filed April 16 1913 John S. Jones Registrar

.....Registrar

S-Y CO. 20174

APR 10 1943

236-215-014-369

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Near Star

Registration District No. 3 File No. 12952

No. ....., ... St.

Primary Registration District No. 2005 Registered No. 89

Hospital .....

FULL NAME OF CHILD Mildred Katherine Stoner

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.			yes	4 15 1913

FATHER		MOTHER	
FULL NAME	James Wesley Stoner	FULL MAIDEN NAME	Bertha Corron
RESIDENCE	Near Star	RESIDENCE	Near Star
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Iowa	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:40 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Young M.D.

(Physician or Midwife)

Address Star

Given names added from a supplemental report

....., 19.....

Filed May 6 1913 John S. Meyer

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 10 1942

APR 6 1942

469-122-04-214

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBL[illegible]
BUREAU OF VITAL ST[illegible]

County of Canyon
City of Caldwell
No. ..... St.
Hospital

AMENDED
May 5, 1947

CERTIFICATE OF BIRTH

Registration District No. 3
Primary Registration District No. 2005
File No. 12953
Registered No. 90

FULL NAME OF CHILD Frank Allen Dorsey
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	April 22 13

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

FATHER	MOTHER
FULL NAME: David Edwin Dorsey	FULL MAIDEN NAME: Mary Levina Baumgardner
RESIDENCE: Caldwell, R.F.D. #3, Sunny Slope	RESIDENCE: Caldwell, R.F.D. #3, Sunny Slope
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 36 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Pennsylvania
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8:08A M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kaley

Physician
(Physician or midwife)

Address Caldwell, Idaho

Give names added from a supplemental report.

..... 192.....

..... Registrar.

Filed April 29 1913 John S. Meyer
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Canyon

City of Caldwell

No. Rural St.

Registration District No. 3 File No. 1295

Primary Registration District No. 2005 Registered No. 90

Hospital

FULL NAME OF CHILD Frank Dorsey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 22 1913

FATHER		MOTHER	
FULL NAME	David Edwin Dorsey	FULL MAIDEN NAME	Mary Lovina Baumgardner
RESIDENCE	Caldwell, R.F.D. #3, Sunnyslope	RESIDENCE	Caldwell, R.F.D. #3, Sunnyslope
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Pennsylvania
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 8:08 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kelly

Physician (Physician or midwife)

Address Caldwell Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed April 29th 1913 John S. Meyer
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB - 5 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of.....
County of..... } ss.

Certificate No. 12953

Date Filed.....

The undersigned does solemnly swear that certain facts on the certificate of..... (Birth or Death)
for..... (Name on Original Certificate) who..... (Was Born or Died) on..... (Date of Event)
in..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by..... (Bible Record, Insurance Policy, Etc.) prepared on..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Frank Dorsey	Frank Allen Dorsey

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed Mary L. Dorsey Hamilton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of.....
County of..... } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this.....day of
....., 19.....

.....
Notary Public, residing at.....
My commission expires.....
(Seal)

Signed.....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

MAY 6 1947

295-135-04-858

lbm-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3

File No. 12954

No. 1205 Arthur St. St.

Primary Registration District No. 1005

Registered No. 91

Hospital ////////

FULL NAME OF CHILD David Steward Shewey,

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single	Third	Yes	4/25/13 191

FATHER	MOTHER
FULL NAME: David N. Shewey	FULL MAIDEN NAME: Mary Isibel Vinson ~~Mary P Vincent~~
RESIDENCE: Caldwell Ida	RESIDENCE: Caldwell Ida
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 37 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Hamburg Iowa.	BIRTHPLACE: Nebraska
OCCUPATION: Teamster	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 1.30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Wm H Johnson

(Physician or Midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 28- 1913 John D. Meyer

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ~~Idaho~~ Oregon } ss.
County of ~~Canyon~~ Benton } Marion

Certificate No. 12954

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth
(BIRTH OR DEATH)

for David Steward (NAME ON ORIGINAL CERTIFICATE) who borned (WAS BORN OR DIED) on April 25, 1913 (DATE OF EVENT)

in 1205 Arthur St. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Date unknown (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	David Stuart Shewey	David Steward Shewey
birthdate	April 25, 1913	~~April 25, 1913~~
		April 25, 1913

Subscribed and sworn to before me this 19 day of May, 19 42.

Mary M Rayner

Notary Public, residing at Salem Ore

My commission expires March 12 1944 (SEAL)

Signed Mary Ethel Shewey

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

800 N. 17. St. Salem Oregon

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Benton

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th day of May, 19 42.

Dorothy L Hemmings

Notary Public, residing at Corvallis, Ore.

My commission expires Nov. 24 - 1944 (SEAL)

Signed O W Fike

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

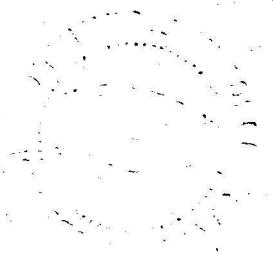
Rt 1 - Corvallis, Oregon

(STREET ADDRESS, CITY, STATE)

Received for filing on MAY 21 1942 By

(REGISTRAR'S SIGNATURE)

MAY 25 1948



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Marion }

Certificate No. 12954

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for David Steward Shewey (Name on Original Certificate) who Borned (Was Born or Died) on April 25, 1913 (Date of Event)
in 1205 Arthur St. Caldwell, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on Date unkown (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Mother's name	Mary P. Vincent	Mary Isibel Vinson

Subscribed and sworn to before me this
day of , 19 .

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Marion }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22d
day of June, 19 44

Notary Public, residing at Salem Ore

My commission expires NOTARY PUBLIC FOR OREGON
(Seal) My commission expires March 12, 1944

Signed Mrs. Mary I. Shewey
(Signature of Any Credible Person Other Than Previous Year)

650 N. 17th St
(Street Address, City, State)

Salem Oregon

JUN 2 6 1942

519-227-014-365

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 12955

No. Rural St.

Primary Registration District No. 2005 Registered No. 92

Hospital

FULL NAME OF CHILD Joy Ivalee Vail

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	June 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Harry Vail	Pearl Corn
RESIDENCE	Caldwell	Caldwell
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	23
BIRTHPLACE	Kans.	Neb.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3 10 M. on the date above stated.

(Signature) J. W. Cole

(Physician or midwife)

Address Caldwell, Idaho

Filed May 6 1913 John J. Meyer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

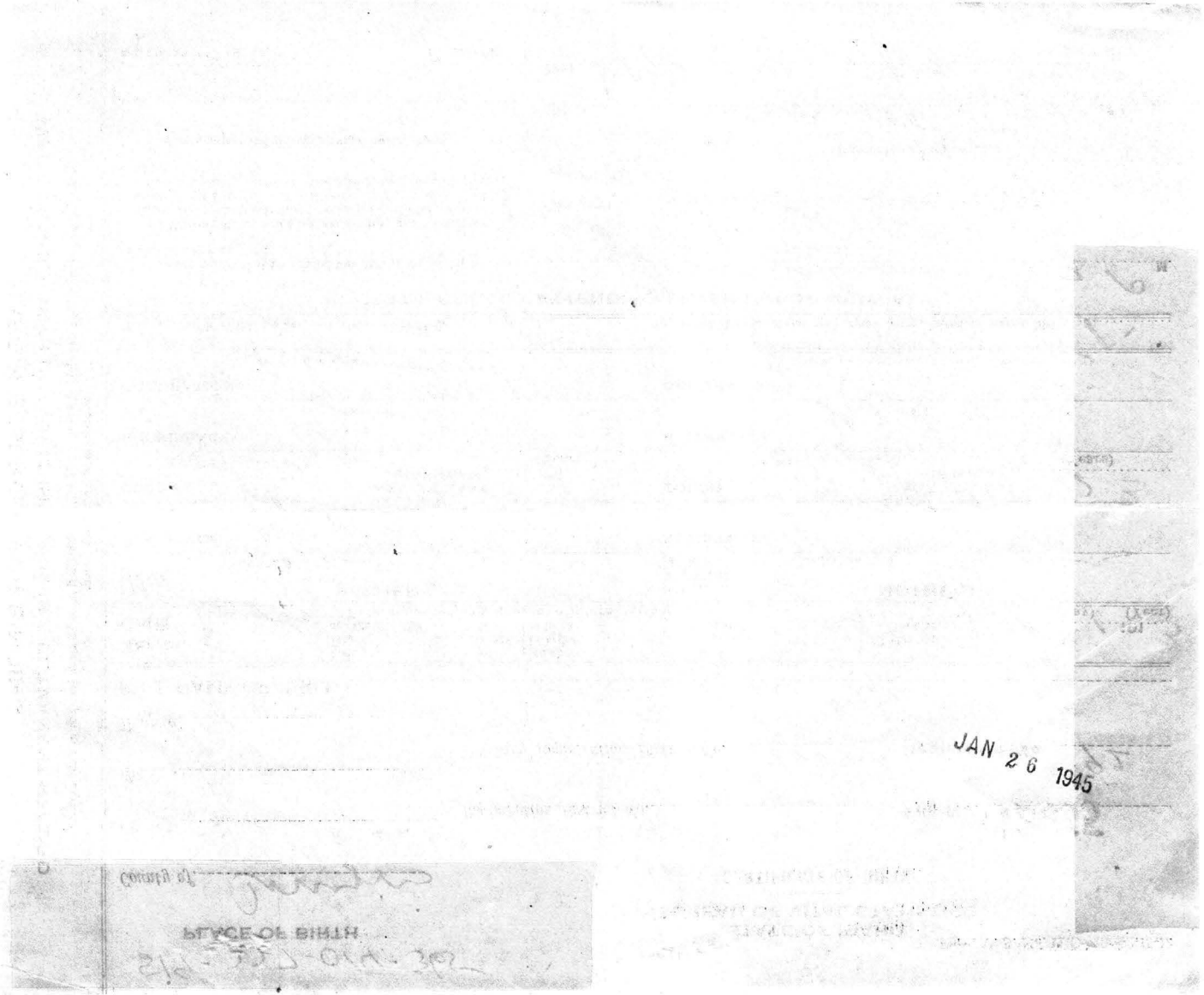
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.


JAN 26 1945

845-130-014-445

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell. Registration District No. 3 File No. 12956

No. Cleveland Boulevard.

Primary Registration District No. 1005 Registered No. 93

Hospital

FULL NAME OF CHILD William Clarence Hunter Jr.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male.			Yes.	Oct 31 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	William Clarence Hunter.	Edna Avery Munsey.
RESIDENCE	Caldwell	Caldwell.
COLOR	White.	White.
AGE AT LAST BIRTHDAY (Years)	46.	38.
BIRTHPLACE	Illinois.	New York.
OCCUPATION	Merchant.	Housewife.

Number of child of this mother, including present birth 2. Number of children of this mother now living, including present birth 2.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 5:10 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A M Kaley

Physician (Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 2nd 1913 John S. Meyer
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

213-204-014-339

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

Registration District No. 3 File No. 12957

No. ____, ____ St.

Primary Registration District No. 1005 Registered No. 94

Hospital ____

FULL NAME OF CHILD Inez May Salladay

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F.	S	5	Yes	May 4, 1913

FATHER		MOTHER	
FULL NAME	Lawn. S. Salladay	FULL MAIDEN NAME	Anna Cline
RESIDENCE	Caldwell	RESIDENCE	Caldwell
COLOR	W.	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Iowa	COLOR	W.
OCCUPATION	Cement plasterer	AGE AT LAST BIRTHDAY (Years)	29
		BIRTHPLACE	Mo
		OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11:45 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. H. Lee M.D.

(Physician or Midwife)

Address Caldwell Idaho

Given names added from a supplemental report

....., 19.....

Filed May 9 1913 John S. Meyers Registrar

.....

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 17 1956

386 · 305-014-819

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Caldwell

No. ____ St.

Registration District No. 3 File No. 12958

Primary Registration District No. 2005 Registered No. 95

Hospital ____

FULL NAME OF CHILD Laura May Thompson

Sex of Child: Female | Twin, Triplet or other? (To be answered only in event of plural births) | and Number in order of birth | Legitimate? Yes | Date of Birth: May 5, 1913 (Month) (Day) (Year)

FATHER	MOTHER
FULL NAME: Samuel Austin Thompson	FULL MAIDEN NAME: Julia A. Harrison
RESIDENCE: Caldwell	RESIDENCE: Caldwell
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 44 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Nevada	BIRTHPLACE: Oregon
OCCUPATION: Stockman	OCCUPATION: Housewife

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 1:00 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. M. Kelley

Physician (Physician or midwife)

Address Caldwell, Idaho.

Given names added from a supplemental report

....., 19.....

Filed May 7th 1913 John D. Sayer
Registrar

.....
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 15 1967

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er of birth stated

814-130-014-213

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

Registration District No. 3 File No. 12959

No. ____ St.

Primary Registration District No. 2004 Registered No. 96

Hospital ____

FULL NAME OF CHILD Ralph Waldo Hamilton

Sex of Child	Twin / Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male	—	—	—	yes	March 30 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Elmer Hamilton	FULL MAIDEN NAME Senora Bates
RESIDENCE Parma.	RESIDENCE Parma
COLOR white	COLOR white
AGE AT LAST BIRTHDAY 36 (Years)	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Cal.
OCCUPATION farmer	OCCUPATION housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 2 a. M. on the date above stated.

(Signature) Chas. B. Allen M.D.

(Physician or midwife)

Address Parma, Idaho.

Filed 4/11 1913 H. Glenn Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

PLACE OF BIRTH

NOV 25 1948

235-101-014-235

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____ St.

Hospital ____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12960

Primary Registration District No. 2007 Registered No. 97

FULL NAME OF CHILD Ralph Stephens

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
male	—	—	yes	4 (Month) 1 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Levi Stephens	FULL MAIDEN NAME	Ella D. Stephens
RESIDENCE	Parma R. 2.	RESIDENCE	Parma R. 2.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Penn.	BIRTHPLACE	Penn.
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. B. Allen M.D.

(Physician or midwife)

Address Parma Idaho.

Given names added from a supplemental report

....., 19.....

Registrar

Filed 4/11 1913

R. J. Green
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 0 1975

281-116-014-439

PLACE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 3 File No. 12961

Primary Registration District No. 2007 Registered No. 98

FULL NAME OF CHILD ____

Sex of Child M. | Twin, Triplet, or other? ✓ and Number in order of birth ✓ (To be answered only in event of plural births) | Legitimate? Yes | Date of birth 4 (Month) 16 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	J. W. Sharpe	FULL MAIDEN NAME	Mertie McIntyre
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	AGE AT LAST BIRTHDAY (Years)	34
COLOR	W	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Ills.	BIRTHPLACE	Ills
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn) at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. Jones

M.D.

(Physician or Midwife)

Address Parma Idaho.

Given name added from a supplemental report

____, 19____

Registrar

Filed 4/17 1913 P. Jones

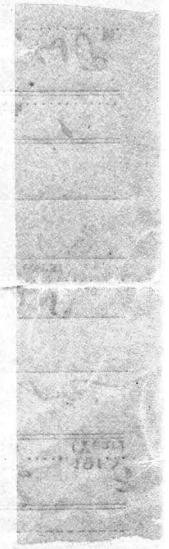
Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated



613-226-014-855

PLACE OF BIRTH

STATE OF IDAHO

V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Canyon

City of Parma

No. ____, ____ St.

Hospital ____

Registration District No. 3 File No. 12962

Primary Registration District No. 2007 Registered No. 99

FULL NAME OF CHILD ZELLA WALDRON

Sex of Child	Twin, Triplet, or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	✓		✓	Yes	4 26 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Jay C. Waldron	FULL MAIDEN NAME	Ethel Kenwood
RESIDENCE	Parma	RESIDENCE	Parma
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Wisc	BIRTHPLACE	Wash
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Premature (Born alive or stillborn) at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr P Jensen

(Physician or Midwife)

Address Parma Idaho

Given name added from a supplemental report

..... 19.....

Filed 4/26 1913

Registrar

Registrar

S-Y CO., 15669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 27 1942

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Deschutes }

Certificate No. 12962

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for (Name on Original Certificate) who (Was Born or Died) on Apr 26- (Date of Event)

in (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	Zella Waldron

Subscribed and sworn to before me this 17th day of October, 1942

G E Davis

Notary Public, residing at Bend Ore

My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 20, 1945.

(Seal)

Signed Ethel Waldron Hartbit

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

913 Wall St, Bend, Oregon

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Deschutes }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th day of October, 1942

G E Davis

Notary Public, residing at Bend, Oregon.

My commission expires NOTARY PUBLIC FOR OREGON My Commission Expires Jan. 20, 1945.

(Seal)

Signed Maude Stevens

(Signature of Any Credible Person Other Than Previous Year)

22 Louisiana St. Bend, Oregon

(Street Address, City, State)

OCT 27 1942

NOV 14 1962

OCT 30 [illegible]

AUG 21 1973

331-227-014-399

PLACE OF BIRTH

Form V. S. No. 11.C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Canyon

City of Nampa

No. ..... St.

Hospital ×

Registration District No. 3

File No. 12963

Primary Registration District No. 1006

Registered No. 100

FULL NAME OF CHILD: DOROTHY LENORA CLAY

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Girl	×	×	yes	Mar 27 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	C. C. Clay	FULL MAIDEN NAME	Elizabeth Cruder
RESIDENCE	Nampa Idaho	RESIDENCE	Nampa Idaho
COLOR	White	AGE AT LAST BIRTHDAY (Years)	43
COLOR	White	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	Virginia	BIRTHPLACE	Minn.
OCCUPATION	Section Foreman	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 14 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Murray

Physician (Physician or midwife)

Address Nampa Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 7 - 1913 O B Bell M.D. Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Canyon }

Certificate No. 12963

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for unnamed (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on March 27-1913 (DATE OF EVENT)
in Nampa Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Mar. 27-1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Dorothy Lenora Clay

Subscribed and sworn to before me this 17th
day of February, 19 43.
Maud Henry
Notary Public, residing at Nampa Idaho
My commission expires Sept. 18-1946
(SEAL)

Signed Edith Elizabeth Clay mother
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
519- 7th Ave No R2
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17th
day of February, 19 43.
Maud Henry
Notary Public, residing at Nampa Idaho
My commission expires Sept. 18-1946.
(SEAL)

Signed Clarence Clay
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
519- 7th Ave No R2
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

JAN 1 0 1975

MAR 1 6 1943

663-103-014-852

PLACE OF BIRTH

County of Canyon

City of Nampa

No. 312, St. St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 1003 File No. 12964

Primary Registration District No. 1006 Registered No. 101

FULL NAME OF CHILD Ralph Leonard Stolber

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	—	—	Yes	Nov. 3, 1913

	FATHER	MOTHER
FULL NAME	Fred Henry Stolber	Amanda Jane Hess
RESIDENCE	Nampa, Idaho.	Nampa, Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY	42 (Years)	37 (Years)
BIRTHPLACE	Columbus, Ohio.	Dunkirk, Ohio.
OCCUPATION	Farmer	House Wife

Number of child of this mother, including present birth Seven

Number of children, of this mother, now living, including present birth Seven.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 6:00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Mary E. Stevens

Midwife (Physician or Midwife)

Address Nampa, Idaho

Given name added from a supplemental report

....., 19.....

Registrar

Filed Nov. 12 19 13 O. B. Beller M.D.

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 13 1963

D34-D[illegible]40-491

PLACE OF BIRTH

County of Silverbow

City of Butte

No ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 75 File No 12965

Primary Registration District No 2158 Registered No. ____

FULL NAME OF CHILD Lillian Gertrude Warren Stuart

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
G	1	1	Yes	Feb 5 1913

FATHER	MOTHER
FULL NAME: John K Warren Stuart	FULL MAIDEN NAME: Gertrude E Dial
RESIDENCE: Butte	RESIDENCE: Butte
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 19 (Years)
BIRTHPLACE: New York	BIRTHPLACE: Missouri
OCCUPATION: Mining	OCCUPATION: Wife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 9:45a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs MD

(Physician or Midwife)

Given names added from a supplemental report

Feb 27 1913

Address Butte

Dr. Chas. G. Dettman Registrar

Filed Feb 10 1913 F W Ralfs Registrar

BYRON, YORK CO., PTRS. & BDRS. 17328

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

APR 22 1952

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

RECEIVED
FEB 21 1964
Bureau of Vital Statistics

February 19, 1964

State Department of Health
Buearu of Vital Statistics
Boise, Idaho

Dear Sirs:

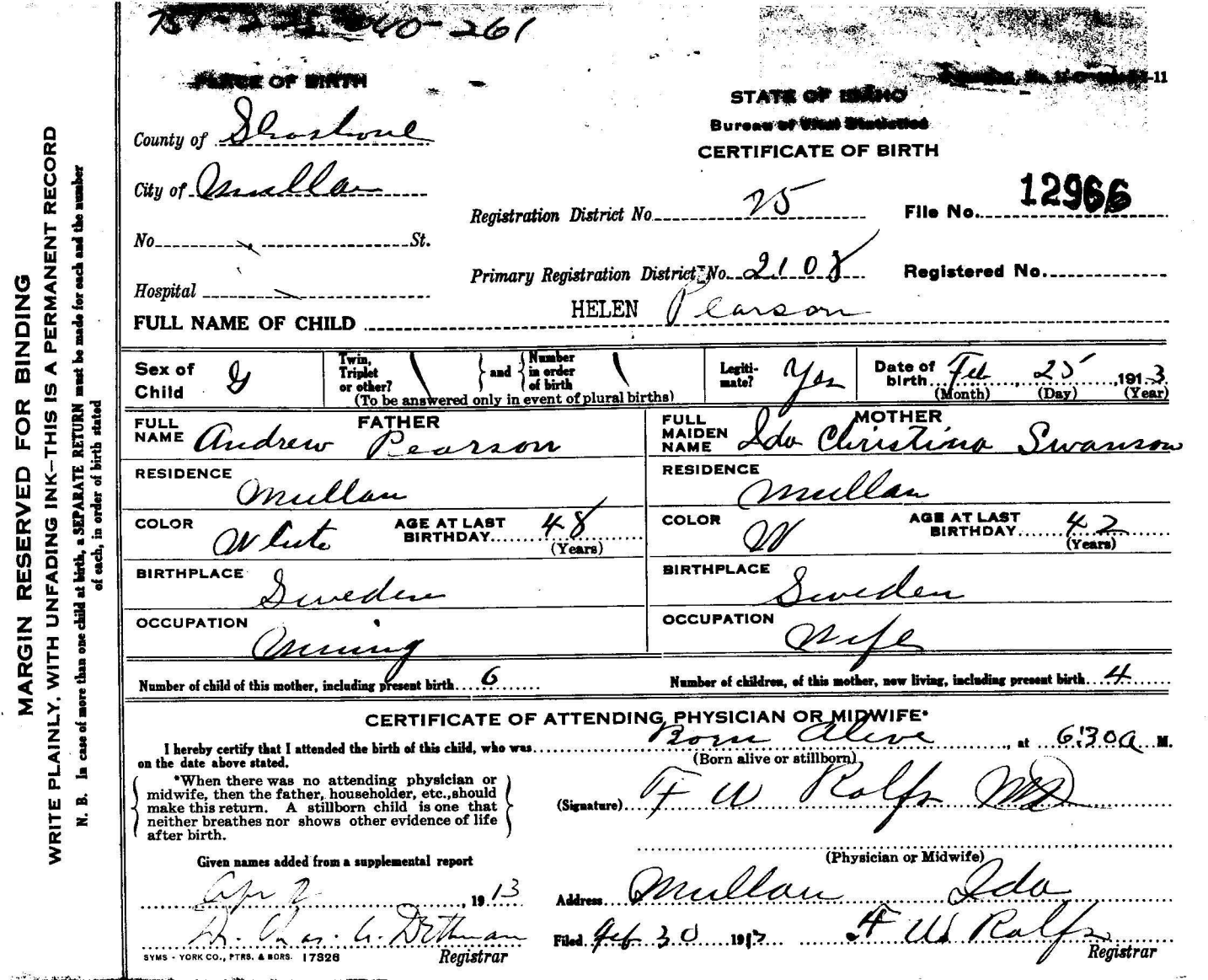
Attached hereto is birth certificate on my daughter that you sent to me and you have left her last name off of Stuart. Will you please add her last name on - her complete name is Lillian Gertrude Warren Stuart.

Thank you.

Yours Truly,
Gertrude E Stuart Dial

Gertrude E. Stuart Dial
Mother
Box 255 - Treece, Kansas

FEB 25 1964
JUL 20 1987



B[illegible] 40-261

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ____ St.

Hospital ____

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No. 25 File No. 12966

Primary Registration District No. 2107 Registered No. ____

FULL NAME OF CHILD HELEN Pearson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	Feb 25 1913

FATHER	MOTHER
FULL NAME Andrew Pearson	FULL MAIDEN NAME Ida Christina Swanson
RESIDENCE Mullan	RESIDENCE Mullan
COLOR White AGE AT LAST BIRTHDAY 48 (Years)	COLOR W AGE AT LAST BIRTHDAY 42 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Sweden
OCCUPATION Mining	OCCUPATION Wife

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs MD (Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

Apr 2, 1913

D. Cris G. Dittman Registrar

Filed Feb 30 1917 F W Ralfs Registrar

SYMS - YORK CO., PTRS. & BORS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Shoshone }

FEB 3 1942

Certificate No. 12966

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for Unnamed Pearson (Name on original certificate) who was born (Was born or died) on Feb 25 1913 (Date of event)
in Mullan Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible (Bible record, insurance policy, etc.) prepared on Mar 1913 (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Pearson	Helen Pearson
		Helen Pearson

Subscribed and sworn to before me this 30th day of [illegible], 1942

Notary Public, residing at [illegible], IDAHO

My commission expires [illegible] March 15, 1944.

[SEAL]

Signed Fred R Pearson (Brs)
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Mullan Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Shoshone }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of [illegible], 1942

Notary Public, residing at [illegible], IDAHO

My commission expires [illegible] March 15, 1944.

[SEAL]

Signed F W Rolfs M D
(Signature of any credible person other than the previous affiant.)

Mullan Ida
(Street Address, City, State)

Received for filing on FEB 3 1942 By
(Registrar's signature)

FEB 19 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

695-228-040-753

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Registration District No 75 File No. 12968

Primary Registration District No. 210

Hospital ____ Registered No. ____

FULL NAME OF CHILD Viola Irene Freisting

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
girl	X		X	Yes	Mar 28 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Irvie Freisting	FULL MAIDEN NAME	Hilda Peterson
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Finland	BIRTHPLACE	Finland
OCCUPATION	Mining	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 4 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Ralfs M.D.

(Physician or Midwife)

Address Mullan Ida.

Given names added from a supplemental report

Apr 2 1913

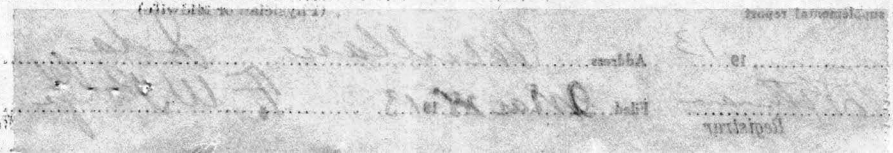
Chas. L. Dettman

Registrar

Filed Mar 28 1913 F. W. Ralfs

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326



83 - 217-040-693

Form V. S. No. 11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Hospital ____

Registration District No 25 File No. 1298

Primary Registration District No. 210Y Registered No. ____

FULL NAME OF CHILD Ingrid Elnora Rolin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day)
G			Yes	Feb 17

FATHER		MOTHER	
FULL NAME	John C Rolin	FULL MAIDEN NAME	Hannah Wickstrom
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Jeweler	OCCUPATION	Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11.40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Ralfs (Physician or Midwife)

Address Mullan

Given names added from a supplemental report

Apr 2 1913

Dr. Chas. L. Kittman Registrar

Filed Feb 17 1913 F W Ralfs Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO

PLACE OF BIRTH

FULL NAME

RESIDENCE

COLOR

JUL 1 1949

453-217-040-453

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Shoshone

City of Mullan

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 12968

Primary Registration District No. 2108 Registered No. ____

FULL NAME OF CHILD FERN IDAHO DECKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Legitimate?	Date of birth
Girl	( ) and ( ) Number in order of birth	Yes	Mar. (Month) 17 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Whitney Earl Decker	FULL MAIDEN NAME: Nanny Fern Decker
RESIDENCE: Mullan	RESIDENCE: Mullan
COLOR: W	AGE AT LAST BIRTHDAY: 29 (Years)
COLOR: W	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Kansas	BIRTHPLACE: Montana
OCCUPATION: Miner	OCCUPATION: Wife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 10:20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F W Ralfs MD (Physician or Midwife)

Address Mullan Ida

Given names added from a supplemental report

Apr 2, 1913

A. C. Bettman Registrar

Filed Mar. 19 13 F W Ralfs Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

APR 27 1944

Amended 3-2-60

PLACE OF BIRTH

415-102-040-365

County of Shoshone

City of Mullan

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 12970

Primary Registration District No. 2108 Registered No. .....

FULL NAME OF CHILD Glenn Dell Davis

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (and) Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of birth (Month) (Day) (Year)
Boy		Yes	March 2, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	F. Clair Davis	FULL MAIDEN NAME	Henrietta Longly
RESIDENCE	Mullan	RESIDENCE	Mullan
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Oregon	BIRTHPLACE	Iowa
OCCUPATION	Mill Man	OCCUPATION	Wife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 2:45 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Rolfs, M.D.

(Physician or midwife)

Address Mullan, Idaho

Give names added from a supplemental report.

....., 192.....

Registrar.

Filed Mar. 15, 1913 F.W. Rolfs

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Documents listed on back -

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Spokane

Certificate No. 12970

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Davis (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1913 (Date of Event) in Mullan, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Enclosed papers (Bible Record, Insurance Policy, Etc.) prepared on Feb. 1st - 1960 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of child	Unnamed Davis	Glenn Dell Davis
Place of Birth - to		
Mullan, Idaho		

Subscribed and sworn to before me this 1st day of February, 19 60

Notary Public, residing at Spokane
My commission expires July 20, 1963
(Seal)

Signed Henrietta Davis
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

N. 5527 Elgin - Spokane, Wn
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Spokane

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1st day of February, 19 60

Notary Public, residing at Spokane
My commission expires July 20, 1963
(Seal)

Signed Vincent W. Longly
(Signature of Any Credible Person)

N-4507 Maple St.
Spokane 13, Wash.
(Street Address, City, State)

DPH 52-155

Statement from Dr. F.W. Rolfs states that child's name is Glenn Dell Davis, born March 2, 1913 at Mullan, Idaho to Francis Clair Davis and Henrietta Viola Longly, statement made out on April 8, 1942 - viewed by V.S.

Catholic Church -

The Cathedral of Saint Ann,/Great Falls, Montana, Certificate of Baptism, Dec. 13, 1952 gives full name of child as Glenn Dell Patrict Davis, born March 2, 1913 to Francis Clair Davis and Henrietta Longley - viewed by V.S.

Designation, Change, or Revocation of Beneficiary to the United States Civil Service Commission, Washington, D.C., September 8, 1941 gives the following- Glenn Dell Davis, born March 2, 1913 is employed Under communications operator in Civil Aeronautics Administration at Stevenson, Washington - Letter designating that his mother is to ~~receive~~ be full beneficiary in case of his death - mother's name is given as Henrietta Longley Davis - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Shoshone

City of Mullan

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 25 File No. 12970

Primary Registration District No 2108 Registered No. ____

FULL NAME OF CHILD Davis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Boy	/	1	Yes	Mar. 2 1913

FATHER	MOTHER
FULL NAME Clara Davis	FULL MAIDEN NAME Henrietta Dongly
RESIDENCE Mullan	RESIDENCE Mullan
COLOR W	AGE AT LAST BIRTHDAY 30 (Years)
COLOR W	AGE AT LAST BIRTHDAY 26 (Years)
BIRTHPLACE Oregon	BIRTHPLACE Iowa
OCCUPATION Mill man	OCCUPATION wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 2:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. W. Ralfs (Physician or Midwife)

Address Mullan Idaho

Given names added from a supplemental report

Apr 2 1913

Dr. Chas. A. Dillman Registrar

Filed Mar 10 1913 F W Ralfs Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MAR 2 1960

799-22-040-~~237~~238 added childs name
PLACE OF BIRTH amend mothers name STATE OF IDAHO
Bureau of Vital Statistics
Form V. S. No. 11—10m-6-20-11

County of Shoshone 9-4-85 dl

CERTIFICATE OF BIRTH

City of Mullan Registration District No. 25 File No. 12971

No. ....., ... St. Primary Registration District No. 2108 Registered No. .....

Hospital —

FULL NAME OF CHILD Viola Teresa Grisner

Sex of Child	Twin, Triplet, or other?	Number in order of birth	Legitimate?	Date of birth
F	one	1st	Yes	March 29, 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME	Wm. Grisner	Lola Teresa Scheidecker
RESIDENCE	Mullan Ida	Mullan Ida
COLOR	W.	W
AGE AT LAST BIRTHDAY	37 (Years)	25 (Years)
BIRTHPLACE	Minnesota	Minnesota
OCCUPATION	Miner	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 6:30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. Mowery

Physicians

(Physician or Midwife)

Address Wallace Ida.

Given name added from a supplemental report

....., 19.....

Filed Apr 16 1913 D. Thos. A. Dettman

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

3-8-85

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

RECEIVED BUREAU OF VITAL STATISTICS
MAY 13 11 58 AM '85

State of _____ } ss.
County of _____ }

Certificate No. 12971
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of birth
for Unnamed Grismer (Name on Original Certificate) who was born (Was Born, Died, etc.) on Mar 29, 1913 (Date of Event)
in Mullan (Shoshone) (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
childs name	Unnamed	Teresa Viola Grismer
Mother's name	Lola Reisner	Teresa Scheidecker

Subscribed and sworn to before me this 1st day of April 1985.
Notary Public, Marilyn Haseley
Residing at Bremerton
My commission expires January 10, 1988
(Seal)

x Viola J. Rondeau
Signature of Applicant
x 678 B Pearl St., Bremerton, WA. 98310
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of WASH } ss.
County of KITSAP }

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1ST day of MAY 1985.
Notary Public, Shirley G. Cook
Residing at Bremerton
My commission expires July 25, 1987
(Seal)

x Frances R. Krygier
Supporting Signature
815 N. 6th St.
Street Address, City, State
Coeur d'Alene, Ida 83814

ICC credit

Certificate of Baptism lists Viola Teresa Grismer child of William Grismer and TeresaScheideckerborn in Wallace on March 29, 1913 and was baptised April 2, 1913. Viewed by V.S.

SEP 4 1985

Marriage record lists William Grismer and Teresa Scheidecker were married on Sept 19, 1911 in Church of St. Lawrence, Minnesota. Roman Catholic Church. Viewed by V.S.

Viola Teresa Rondeau is listed as Beneficiary on Health Ins of Social Security Act dated 3-1-78. Viewed by V.S.

354-218-040-319

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 12972

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Gladys Emily Temby

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G	1	4	Yes	1 18 1913

FATHER		MOTHER	
FULL NAME	Albert Temby	FULL MAIDEN NAME	Emily Courtney
RESIDENCE	Wardner.	RESIDENCE	Wardner.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	36	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	California	BIRTHPLACE	England.
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 3 A. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed Apl 11 19 13 D. Chas. G. Dittmer Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 12972

SEP 22 1942

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	none given	Gladys Emily Temby
~~birthdate~~	~~Jan 18, 1913~~	

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed Mrs Emily Temby Nielsen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

.....
(Street Address, City, State)

SEP 2 3 1942

168-113-040-128

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Wardner

No. ..... St.

Hospital .....

Registration District No. 25 File No. 12974

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Malcolm Blaine Johnson

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	1	1	Yes	2 13 19[illegible]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	James B Johnson	FULL MAIDEN NAME	Winnifred Ray Ashley
RESIDENCE	Wardner	RESIDENCE	Wardner
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	23 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Kentucky	BIRTHPLACE	Wash
OCCUPATION	Miner	OCCUPATION	House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 10 A. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed Apr 11 1913 Dr. Chas. G. Ethman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

8-Y CO. 20174

CERTIFICATE OF BIRTH
BUREAU OF VITAL STATISTICS
STATE OF IDAHO
PLACE OF BIRTH

291-226-040-128

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Shoshone.

City of Wardner.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 12975

Primary Registration District No. 2106 Registered No. .....

FULL NAME OF CHILD Roberta Noble Brainard.

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G	1	1	Yes	2 26 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Robert Brainard	FULL MAIDEN NAME Noble Ashby
RESIDENCE Wardner.	RESIDENCE Wardner.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 30 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Kansas.	BIRTHPLACE Ill.
OCCUPATION Grinder	OCCUPATION Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated, at 11.30 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 11 19 13 D. Chas. A. Dickman Registrar

S-Y CO. 20174

7-16-41

PLACE OF BIRTH

County of

699-105-040-251

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ..... St.

Hospital

Registration District No. 25 File No. 12978

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Robert M. Fritz

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
boy	1	3	Yes	2 25 1913

FATHER	MOTHER
FULL NAME: Robert A. Fritz	FULL MAIDEN NAME: Mary E. Beaut.
RESIDENCE: Kellogg	RESIDENCE: Kellogg.
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 35 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: Penn.	BIRTHPLACE: Penn.
OCCUPATION: Miner	OCCUPATION: House wife

Number of child of this mother, including present birth: 3

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2 P. M. on the date above stated.

(Signature) J. R. Mason

(Physician or midwife)

Address .....

Filed Apr 11 1913 Dr. Chas. A. Dittman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

345-229-040-693

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Shoshone

City of Kellogg.

No. ..... St.

Hospital .....

Registration District No. 215 File No. 12979

Primary Registration District No. 2105 Registered No. .....

FULL NAME OF CHILD Merle B. Swanson.

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	1	2	Yes	1 29 1913

FATHER	MOTHER
FULL NAME Olaf Swanson	FULL MAIDEN NAME Lulu Fiser
RESIDENCE Kellogg	RESIDENCE Kellogg.
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Sweden	BIRTHPLACE Texas
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 11 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. R. Mason

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address .....

Filed Apr 11 1913 W. Chas. A. Dillman

Registrar

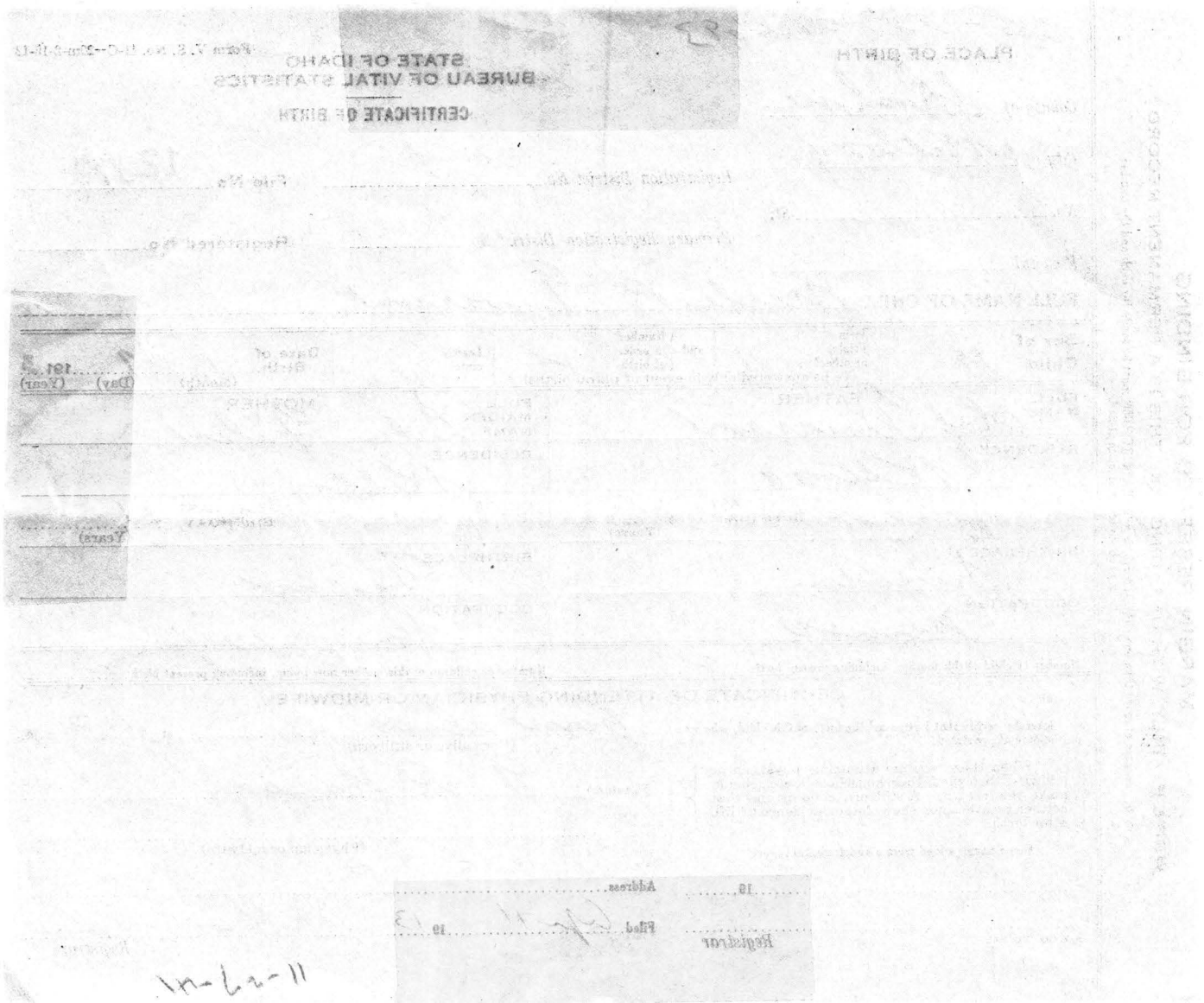
..... Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



386-215-040-219

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Shoshone

City of Kellogg

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 25 File No. 12980

Primary Registration District No. 2105 Registered No. ____

FULL NAME OF CHILD Harriet Belle Thomas.

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	1	1	Y	N 15 1913

FATHER

FULL NAME Louis A Thomas

RESIDENCE Kellogg.

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Cola

OCCUPATION Miner

MOTHER

FULL MAIDEN NAME Adeline Barkley

RESIDENCE ~~Wash.~~ Kellogg

COLOR W AGE AT LAST BIRTHDAY 33 (Years)

BIRTHPLACE Wash.

OCCUPATION House wife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Mason.

(Physician or midwife)

Address ____

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 11 1913 Dr. Chas. A. D[illegible]

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

214-206-040-114

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone.

City of Pine Creek

Registration District No. 75 File No. 12981

No. ..... St.

Primary Registration District No. 2104 Registered No. .....

Hospital .....

FULL NAME OF CHILD Mildred Edna Baumann.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
G	1	1	Yes	1 6 1913

FATHER		MOTHER	
FULL NAME	Phil Baumann	FULL MAIDEN NAME	Cora M. James
RESIDENCE	Pine Creek	RESIDENCE	Pine Creek.
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Wash	BIRTHPLACE	Mont.
OCCUPATION	Farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 1. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 11 A. M. on the date above stated.

(Signature) G. R. Mason

(Physician or midwife)

Address .....

Filed Apr 11 1913 Dr. Chas. L. Dettmann Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

File No.

Registered No.

FULL NAME OF CHILD

Sex of Child

Date of Birth

MOTHER

FATHER

845-102-040-249

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Shoshone

City of Kingston.

No. ..... St.

Hospital .....

Registration District No. 25 File No. 12982

Primary Registration District No. 2104 Registered No. .....

FULL NAME OF CHILD Harrison Howard Hunt.

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy	—	3	yes	3 2 1913

FATHER	MOTHER
FULL NAME Calvin T. Hunt.	FULL MAIDEN NAME Minnie Bentley.
RESIDENCE Kingston.	RESIDENCE Kingston.
COLOR W	AGE AT LAST BIRTHDAY 27 (Years)
COLOR W	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Wash	BIRTHPLACE S. D.
OCCUPATION Miner	OCCUPATION House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 11. A. M. on the date above stated.

(Signature) J. R. Mason.

(Physician or midwife)

Address .....

Filed Apr 1 1913 Dr. Chas. C. Dettman Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

1943

OCT 2

742-115
035-563

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Nez Perce

City of Webb

No ____, ____ St.

Hospital ____

Registration District No 16

Primary Registration District No 16 2117

File No 12983

Registered No 96

FULL NAME OF CHILD Virgil Orr Gustin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M		1/100	yes	3 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wallace Gustin	Myrtle Voltmer
RESIDENCE	Webb	Webb
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	21
BIRTHPLACE	Wash	Kans.
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth ____

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

* I hereby certify that I attended the birth of this child, who was Gustin (Born alive or stillborn) at 9 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley

Physician

(Physician or Midwife)

Address ____

Given names added from a supplemental report

Wallace Gustin, 19 ____

John N. Alley

Registrar

Filed May 6 1913 L. J. Perkins

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 25 1969

312 - 221-035--364

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16 File No. 12984

No. 2117, St.

Primary Registration District No. 16 Registered No. 95

Hospital

FULL NAME OF CHILD Cellie Ruth Tabor

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F		Two	yes	4 / 3 / 1913

FATHER	MOTHER
FULL NAME Clarence Tabor	FULL MAIDEN NAME Mary Southwick
RESIDENCE Lewiston Ida	RESIDENCE Lewiston Ida
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Kan	BIRTHPLACE Kan
OCCUPATION Farmer	OCCUPATION Home Wife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Cellie Ruth Tabor, at 2 0 M. (Born alive or stillborn) on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John N. Alley (Physician or Midwife)

Address

Given names added from a supplemental report

May 2 1913

John N. Alley Registrar

Filed May 6 1913 S. J. Perkins Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

[redacted] Form V. S. No. [illegible]

PLACE OF BIRTH

[redacted]

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston Registration District No. 16 File No. 12985

No. ____, ____ St.

Primary Registration District No. 1009 Registered No. 74

Hospital ____

FULL NAME OF CHILD Hildreth Mable Beasley

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	March 16th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee L Beasley	Virgie M Adams
RESIDENCE	Grow Idaho	Grow Idaho
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	20
BIRTHPLACE	Arkansas	Clinton Iowa
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive on the date above stated, at 1-0 M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) [illegible]

(Physician or Midwife)

Address [illegible]

Given names added from a supplemental report

....., 19.....

Filed May 6 1913

S-Y CO., 16670 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

NOV 2 1971

513-104-035-212

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Bear River

City of Gubicter

No. ____, ____ St.

Hospital St Joseph

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12987

Primary Registration District No. 1009 Registered No. 71

FULL NAME OF CHILD Willford Leslie Vale

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	One	1st		4 4 1913

FATHER

FULL NAME: Harry Vale

RESIDENCE: Gubicter 7 St

COLOR: White AGE AT LAST BIRTHDAY: 26 (Years)

BIRTHPLACE: Canada

OCCUPATION: Fireman

MOTHER

FULL MAIDEN NAME: Mary Kasten

RESIDENCE: Gubicter 7 St

COLOR: White AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Wis

OCCUPATION: Housewife

Number of child of this mother, including present birth.....

Number of children, of this mother, now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ....., at 5 A M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J B Morris

(Physician ~~or Midwife~~)

Given names added from a supplemental report

....., 19.....

Address .....

Filed May 6 1913 L J Parkin

Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

386-107-035-451

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

Registration District No. 16

Primary Registration District No. 1000

File No. 12988

Registered No. 77

FULL NAME OF CHILD Roy Edward Thompson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	Apr 7th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Roy J Thompson	Eva N Drobald
RESIDENCE	Lewiston Ida	Lewiston Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	23	23
BIRTHPLACE	Colfax Wash	Marysville Kan
OCCUPATION	Mechanic	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive, at 5-45 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E K Pearce MD

(Physician or Midwife)

Address Lewiston Ida

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 6 1913

L J Gerkin

Registrar

S-Y CO., 16670

JUL 8 1942

583-207-035-657

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

12989

County of Nez Perce

City of Lewiston

No. ..... St.

Registration District No. 2076 File No. .....

Primary Registration District No. 16 Registered No. 78

Hospital .....

FULL NAME OF CHILD Hilda Ehlers

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female	One		One	Yes	Apr. 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George Ehlers	Bertha L Wegener
RESIDENCE	Cameron Idaho.	Cameron Idaho.
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	30
BIRTHPLACE	Idaho.	Minn.
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 10 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Stoneburner M D

(Physician or midwife)

Address Lewiston

Given names added from a supplemental report

..... 19.....

Filed May 6 19 13 L. J. Perkins

..... Registrar

Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-15-

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

351-210 035-751

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

No 0216 25 St.

Registration District No. 16 File No. 12990

Primary Registration District No. 1009 Registered No. 79

Hospital

FULL NAME OF CHILD Nellie Leone Leach

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female		1st	yes	March 10, 1913

FATHER		MOTHER	
FULL NAME	Theadore Leach	FULL MAIDEN NAME	May Pearsall
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Missouri	BIRTHPLACE	Washington
OCCUPATION	Laborer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth 1st

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 11 a M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L F Duncan M D

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed May 6 19 13 E J Parker

Registrar

S-Y CO., 16670

Registrar

FEB 23 1965

AUG 27 1968

465-117-05-132

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nezperce

City of Lewiston

Registration District No. 16 File No. 12991

No. ....., ... St.

Primary Registration District No. 1009 Registered No. 85

Hospital [redacted]

FULL NAME OF CHILD SAM CHARLES Donaldson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male		1st	yes	Apr. 17, 1913

FATHER		MOTHER	
FULL NAME	Mark C Donaldson	FULL MAIDEN NAME	
RESIDENCE	Lewiston	RESIDENCE	Lapwai Aspah
COLOR	White	AGE AT LAST BIRTHDAY (Years)	24
COLOR	white	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Missouri	BIRTHPLACE	Idaho
OCCUPATION	R R Clerk	OCCUPATION	housewife

Number of child of this mother, including present birth 1st

Number of children, of this mother, now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. H. Hurlburt

Physician

(Physician or Midwife)

Address Lapwai Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed May 6 1913 L. J. Jenkins

Registrar

S-Y CO., 16670

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of San Diego }

Certificate No. 12991

Date Filed Birth

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH) for Sam Charles Donaldson (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on Apl 12th-1913 (DATE OF EVENT) in Lewiston Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by ..... (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on ..... (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	Samuel Donaldson	Sam Charles Donaldson

Subscribed and sworn to before me this 24th day of April, 19 47

Naomi Kellett

Notary Public, residing at San Diego, Cal

My commission expires My Commission Expires June 16, 1947 (SEAL)

Signed Mark C. Donaldson
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2252 Market—San Diego
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of April, 19 47

Naomi Kellett

Notary Public, residing at San Diego, Cal

My commission expires My Commission Expires June 16, 1947 (SEAL)

Signed Kathryn Donaldson
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2252 Market—San Diego
(STREET ADDRESS, CITY, STATE)

Received for filing on APR 27 1947 By .....
(REGISTRAR'S SIGNATURE)

APR 2 9 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

319 - 12-035-J15

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL STATISTICS

CERTIFICATE OF [redacted]

County of NezPerce

City of Gifford

Registration District No. 16 File No. 12992

No. _____ St.

Primary Registration District No. 2074 Registered No. [redacted] 87

Hospital _____

FULL NAME OF CHILD Wm Earl

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Male	Single (To be answered only in event of plural births)	xx	yes	Apr (Month) 13 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Earl O. HArdy	FULL MAIDEN NAME Myrtle Lang
RESIDENCE Gifford	RESIDENCE Gifford
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minn
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn), at 15/60 AM on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts

(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

Filed 4/13 1913 E.E.Watts

May 6 - 1913 L. Perkins Registrar

NOV 3
1943

391-114-035-113

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perces

City of Agatha

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 — File No. 12993

Primary Registration District No. 2[illegible] — Registered No. 82

FULL NAME OF CHILD Harold [illegible] Trask

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 14 1913

FATHER		MOTHER	
FULL NAME	Harold B Trask	FULL MAIDEN NAME	Florence Jacobs
RESIDENCE	Agatha	RESIDENCE	Agatha
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	23 (Years)
BIRTHPLACE	Jackson County Mich.	BIRTHPLACE	Spokane Wash.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Chas Hoelein

(Physician or midwife)

Address Agatha Idaho

Given names added from a supplemental report

....., 19.....

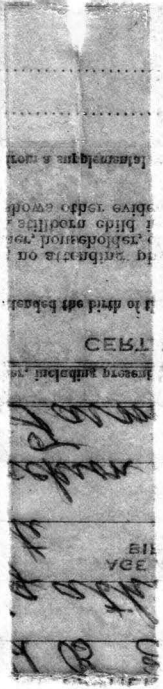
.....
Registrar

Filed 14 of April 19 13

J. J. Perkins
Registrar

May 6 - 1913

S-Y CO. 20174



AUG 2 0 1974

693-215-035-495

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 16

File No. 12995

Primary Registration District No. ____

Registered No. 84

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
female		2d	yes	Jan 15, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas Williamson	Myrtle G Minion
RESIDENCE	Lewiston	
COLOR	white	white
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Idaho	Lewiston
OCCUPATION	Mail Carrier	housewife

Number of child of this mother, including present birth 2d

Number of children, of this mother, now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. F. Kuhlman

Physician

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

____, 19____

____ Registrar

Filed Jan 6 19 13 L. J. Clayton Registrar

S-Y CO., 16670

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

997-216-035-685

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

Registration District No. 16

File No. 12997

No. 817, 8th Avenue

Primary Registration District No. 1099

Registered No. 86

Hospital No

FULL NAME OF CHILD Chantel Riggs

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			Yes	Apr 16th 1913

FATHER		MOTHER	
FULL NAME	George D Riggs	FULL MAIDEN NAME	Agnes A Wheatcroft
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	43 (Years)
BIRTHPLACE	Grayson County Ky	BIRTHPLACE	Derbyshire Eng.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 12

Number of children, of this mother, now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Stillborn Alive, at 12 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A P Bourne M D

(Physician or Midwife)

Address Lewiston Idaho

Given names added from a supplemental report

....., 19.....

Filed May 6 19 13 E. J. Parker

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OF BIRTH

259 - 218-035-812

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of NezPerce

City of Summit

No. ..... St.

Hospital .....

Registration District No. 16 File No. 12998

Primary Registration District No. 2074 Registered No. 87

FULL NAME OF CHILD Leona Bell Berreman

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Female	Single (To be answered only in event of plural births)	x	yes	4 (Month) 18 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: Geo W Berreman	FULL MAIDEN NAME: Gertie Hassinger
RESIDENCE: Summit	RESIDENCE: Summit
COLOR: White AGE AT LAST BIRTHDAY: 30 (Years)	COLOR: White AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Germany
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born living (Born alive or stillborn) on the date above stated, at 1-45 P M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) E.E.Watts M.D.

(Physician or midwife)

Address Gifford

Given names added from a supplemental report

..... 19.....

Filed 4/18 19 13 May 6 1913

E.E.Watts Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 6 1944

613 - 221-035-154

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 1709 - 14th Ave. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 16 File No. 12999

Primary Registration District No. 1609 Registered No. 88

FULL NAME OF CHILD Annabell Wall

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 21 1913

FATHER		MOTHER	
FULL NAME	James Jonathan Wall	FULL MAIDEN NAME	Mary Andrews
RESIDENCE	Lewiston	RESIDENCE	Lewiston
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	21
BIRTHPLACE	Ill	BIRTHPLACE	Spokane Wash
OCCUPATION	Engineer	OCCUPATION	H. W

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 2, a. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins

(Physician or midwife)

Address Lewiston

Filed May 6 1913 L. J. Perkins

Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

OCT 8 1953

DEC 11 1942

291 - 122-035-458

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ~~Canyon~~ Ada Boise

City of Cameron

Registration District No. 2076 File No. 13000

No. — St.

Primary Registration District No. 16 Registered No. 99

Hospital —

FULL NAME OF CHILD ~~Ernest~~ & HENRY Bramner

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	One	One	Yes	Febr. 22 1913

FATHER		MOTHER	
FULL NAME	Henry Bramner	FULL MAIDEN NAME	Freda Preyer
RESIDENCE	Cameron Idaho.	RESIDENCE	Cameron Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	26
BIRTHPLACE	Germany	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth Two

Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A.M. on the date above stated.

(Signature) J. B. Stoneburner MD

(Physician or midwife)

Address Nampa

Filed May 6 1913 L. J. Barbour Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of _____ } ss.
County of _____ }

Certificate No. 13000

Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or Death)
for _____ (Name on Original Certificate) who _____ (Was Born or Died) on _____ (Date of Event)
in _____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Earnest George Brammer	Ernest H enry Brammer

Subscribed and sworn to before me this 20th
day of March, 19 42.

Notary Public, residing at Kendrick, Idaho.

My commission expires Jan. 31st, 1944
(Seal)

Signed Henry E Brammer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Kendrick, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____
day of _____, 19 _____.

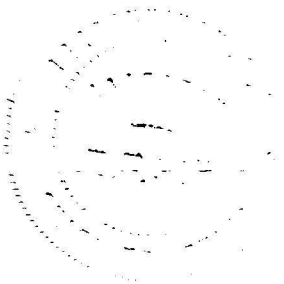
Notary Public, residing at _____

My commission expires _____
(Seal)

Signed _____
(Signature of Any Credible Person Other Than Previous Year)

_____
(Street Address, City, State)

MAR 26 1942



235-223
035-271

PLACE OF BIRTH

County of Nez Perce

City of Lewiston

No. 822 - 8th St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 16 File No. 13001

Primary Registration District No. 1009 Registered No. 90

FULL NAME OF CHILD Kathryn Janet Steelsmith

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
female		1st.	yes	Sept. 23 1913

FATHER	MOTHER
FULL NAME C. A. Steelsmith	FULL MAIDEN NAME Hilda Celia Spaulding
RESIDENCE Lewiston Ida.	RESIDENCE Lewiston
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 39 (Years)	AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Iowa.
OCCUPATION Teacher	OCCUPATION Housework

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 3.30 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L. J. Perkins
(Physician or midwife)

Address Lewiston Ida

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 6 1913 L. J. Perkins
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAY 22 1943

PLACE OF BIRTH

13001

Registration District No. _____ File No. _____

235-123-035-271

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nez Perce

City of Lewiston

No. 822-8th St.

Registration District No. 16

File No. 13002

Primary Registration District No. 1009

Registered No. 91

Hospital

FULL NAME OF CHILD Samuel Charles Steelsmith

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male	twin	2nd	yes	Apr. 23 1913

FATHER	MOTHER
FULL NAME C A Steelsmith	FULL MAIDEN NAME Hilda L Spaulding
RESIDENCE Lewiston	RESIDENCE Lewiston
COLOR W. AGE AT LAST BIRTHDAY 39 (Years)	COLOR W AGE AT LAST BIRTHDAY 32 (Years)
BIRTHPLACE Iowa	BIRTHPLACE Minn.
OCCUPATION Teacher	OCCUPATION House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 4 A M.
on the date above stated. (Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) L J Perkins
(Physician or midwife)

Address Lewiston Idaho

Filed May 6 19 13 L. J. Perkins
Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

261-125-035-997

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13003

County of Nez Perce

City of Lewiston

Registration District No. 16

No. 5th St. 5th Ave

Primary Registration District No. 1809

Registered No. 93

Hospital

FULL NAME OF CHILD Floyd Russell Infant Swanson

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			Yes	4 25 1913

FATHER		MOTHER	
FULL NAME	Gus A. Swanson	FULL MAIDEN NAME	Rose Riggle
RESIDENCE	Seattle	RESIDENCE	Lewiston, Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	44 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Iowa
OCCUPATION	Real Estate	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive ~~or stillborn~~) at 7.15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elizabeth A. Todd

(Physician or ~~Midwife~~)

Address Lewiston, Ida.

Given names added from a supplemental report

....., 19.....

Filed May 6 1913 S. J. Perkins

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

K

by 3441

446 - 22F-035-666

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Nezperce

City of Lickpoo

No. ..... St.

Hospital .....

Registration District No. 16 File No. 13004

Primary Registration District No. 009 Registered No. 93

FULL NAME OF CHILD Donna May Dufour

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	4-25-1913

FATHER		MOTHER	
FULL NAME	Theodore Dufour	FULL MAIDEN NAME	Maud Woods
RESIDENCE	Lickpoo	RESIDENCE	Lickpoo
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Maine	BIRTHPLACE	Iowa
OCCUPATION	Rancher	OCCUPATION	Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 5:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Elliott R. Rogers

(Physician or ~~midwife~~)

Address Winchester, Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed May 6 1913 L. J. Perkins Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-2-15-52

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

FEB 23 1951

[redacted] 6-022-319

CE OF BIRTH

Form V. S. No. 11—10m-6-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

No. ..... St.

Registration District No. 7 File No. 13006

Primary Registration District No. 2038 Registered No. 166

Hospital .....

FULL NAME OF CHILD Royal Eugene Grover

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Feb 20 1913

FATHER		MOTHER	
FULL NAME	Royal A. Grover	FULL MAIDEN NAME	Minnie D. Larson
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 8.20 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Address St Anthony

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray D. Gardner

..... Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

533-126-022-699

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13007

County of Fremont

City of Parker

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2038 Registered No. 165

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Feb 26 1913

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Ola Ellingston	FULL MAIDEN NAME Catherine Friel
RESIDENCE Parker	RESIDENCE Parker
COLOR W	COLOR W
AGE AT LAST BIRTHDAY 48 (Years)	AGE AT LAST BIRTHDAY 47 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 9

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 5 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

(Signature) W B Weeks

(Physician or midwife)

Address St Anthony

Filed Apr 10 19 13 Ray D Fisher

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 1913-277424

993-116-022-845

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Parker

Registration District No. 9 File No. 13008

No. ..... St.

Primary Registration District No. 2038 Registered No. 164

Hospital

FULL NAME OF CHILD Wm Edward Rice

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Feb 16, 1913

FATHER		MOTHER	
FULL NAME	Clem Rice	FULL MAIDEN NAME	Chloe Hunter
RESIDENCE	Parker	RESIDENCE	Parker
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or midwife)

Address St Anthony

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray J. Fish

..... Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 3 0 1975

492-118-022-769

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13009

County of Fremont

City of St Anthony Registration District No. 7 File No.

No. St. Primary Registration District No. 2038 Registered No. 167

Hospital

FULL NAME OF CHILD Chas Franklin Mikesell

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Feb 18 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. Mikesell	Minnie Porter
RESIDENCE	Garilda	Garilda
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	20	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 11 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. B. West

(Physician or ~~mid-wife~~)

Address St Anthony

Filed Feb 20 19 13 Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 4 - 1953

154-226-022-962

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13010

County of Fremont

City of St Anthony

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2038 Registered No. 168

Hospital

FULL NAME OF CHILD Margorie Emma Anderson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Feb 26, 1913

FATHER		MOTHER	
FULL NAME	Ralph E. Anderson	FULL MAIDEN NAME	Lillie A. Rosenwald
RESIDENCE	Egin Idaho	RESIDENCE	Egin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	24 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 2.35 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W B West

(Physician or midwife)

Address St Anthony

Given names added from a supplemental report

19

Registrar

Filed Apr 10 19 13 Ray H. Fisher

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 24 1943

133-102-022-964

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 13011

County of Fremont

City of St Anthony

Registration District No. 9

No. _____ St.

Primary Registration District No. 2038

Registered No. 127

Hospital _____

FULL NAME OF CHILD DARRELL L. ALLEN

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	Apr 2 1913

FATHER		MOTHER	
FULL NAME	Albert Allen	FULL MAIDEN NAME	Katherine Rouche
RESIDENCE	St Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Laborer	OCCUPATION	House wife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~born alive or stillborn~~, at 2:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) A. Morefield

(Physician or ~~midwife~~)

Address St Anthony

Filed Apr 10 19 13 Ray L. Fisher
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 28 2002

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Fremont

Certificate No. 15011
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (Birth ~~Death~~)
for Darrell L. Allen (Name on original certificate) who (Was born ~~Died~~) on April 2, 1913 (Date of event)
in Wilford, Fremont Co. (Place of event) ~~or Death~~ were omitted; and that, to the best of his knowledge, the
true facts as shown by (Bible record, insurance policy, etc.) prepared on (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Allen	Darrell L. Allen
Darrell L. Allen		

Subscribed and sworn to before me this 19th
day of November 19
E. J. Ramsey by K. Coffin
Clerk of District Court
Notary Public, residing at ST. ANTHONY IDA.
My commission expires
[SEAL]

Signed Albert Allen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this
day of , 19

Notary Public, residing at
My commission expires
[SEAL]

Signed
(Signature of any credible person other than the previous affiant.)

(Street Address, City, State)

Received for filing on By
(Registrar's signature)

AMENDED October 13, 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of ....

City of St. Anthony

No. .... St.

Registration District No. 9 File No. 13012

Hospital .... Primary Registration District No. 2038 Registered No. 126

FULL NAME OF CHILD Ray Chester Higbee
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Male			Yes	March 29, 1913 (Month) (Day) (Year)

What bactericidal solution was used in eyes? ....

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

FATHER	MOTHER
FULL NAME: Samuel Somers Higbee	FULL MAIDEN NAME: Phoebe Meseroly
RESIDENCE: St. Anthony	RESIDENCE: St. Anthony
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 30 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 4:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. Morefield

Physician
(Physician or midwife)

Address St. Anthony

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed April 10, 1913 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

[redacted] STATE OF UTAH [redacted]

[redacted] CERTIFICATE OF BIRTH [redacted]

[redacted]

County of Fremont

City of St Anthony — Registration District No. 7 — File No. 13013

No. ____ St. — Primary Registration District No. 2038 — Registered No. 126

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	March 29 1913

FATHER		MOTHER	
FULL NAME	Samuel S [illegible]	FULL MAIDEN NAME	Phoebe Mecrely
RESIDENCE	St. Anthony	RESIDENCE	St Anthony
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	30	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 4 30 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A Morefield

(Physician or midwife)

Address St Anthony

Filed Apr 10 19 13 Ray L Fisher Registrar

Given names added from a supplemental report

____ 19____

____ Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of .....

OCT 14 1953

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

OCT 15 1953

BUREAU OF VITAL STATISTICS

State of [illegible] } ss.
County of [illegible]

Certificate No. 13012

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Ray Chester Higby	Ray Chester Higbee
Father's name	Samuel S. Higby	Samuel Somers Higbee

Subscribed and sworn to before me this 7th day of October, 19 53

Emma Sloan
Notary Public, residing at Idaho Falls, Idaho
My commission expires 2-6-56
(Seal)

Signed Phebe Higbee Wold
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

139 So. Water Idaho Falls Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of October, 19 53

Emma Sloan
Notary Public, residing at
My commission expires 2-6-56
(Seal)

Signed Ralf C. Wold
(Signature of Any Credible Person)

139 So. Water Idaho Falls
(Street Address, City, State)

465-119-022-795

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. ..... St.

Registration District No. 9 File No. 13013

Primary Registration District No. 2037 Registered No. 142

Hospital .....

FULL NAME OF CHILD Edmund Donaldson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Mar 19 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John A Donaldson	Rosa M. Green
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anna Larsen

midwife

(Physician or midwife)

Address Driggs

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 10 19 13 Ray H. Erskine Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

275-218-022-655

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13014

County of Fremont

City of Clawson

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2037 Registered No. 141

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	—	yes	March 18 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Robert Speed	FULL MAIDEN NAME	Addie Deerfield
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	25 (Years)	AGE AT LAST BIRTHDAY	21 (Years)
BIRTHPLACE	Wisconsin	BIRTHPLACE	Wash
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 6 15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. P. Crisler

(Physician or midwife)

Address Driggs

Given names added from a supplemental report

19

Registrar

Filed April 19 13 Ray W. Fisher

Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

813-116-022-863 (Be sure the information is complete and accurate)

Amended 1-20-69

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13015
Local Reg. No. 140
Reg. Dist. No. 9

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Clawson
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Clawson
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Burt
b. (Middle): Holbrook
c. (Last): Hatch

4. SEX: M

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): March 16, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Perry
b. (Middle): O.
c. (Last): Hatch

8. AGE (At time of this birth): 35 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Lucy
b. (Middle): A.
c. (Last): Holbrook

13. AGE (At time of this birth): 33 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Utah

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Mrs. M. E. Clark

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE X OTHER (Specify) ____

19. ADDRESS: Clawson, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: Apr. 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the rict where the birth occurred WITHIN 10 days after the date of birth of the child. Address TAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Teton } ss.

Certificate No. 13015

Date Filed

RECEIVED JAN 10 1969 Bureau of Vital Statistics

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bert Hollbrook Hach (Name on Original Certificate) who was born (Was Born or Died) on March 16, 1913 (Date of Event)
in Clawson, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Bert Hollbrook Hach	Burt Holbrook Hatch
Full Name of Father	Perry Hach	Perry O. Hatch
Full Maiden Name of Mother	Lucy Hollbrook	Lucy A. Holbrook

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

These parties are all deceased

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Teton } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of May, 19 65

Notary Public, residing at Driggs, Idaho
My commission expires March 7, 1966.
(Seal)

Signed .....
(Signature of Any Credible Person)

Teton Idaho
(Street Address, City, State)

FORM DH 60-155

CL 4-6-65. one copy pd. rec. #10478.

LDS Church Certificate of Membership, gives name as Burt Holbrook Hatch, born March 16, 1913 at Clawson Idaho, to Perry Orin Hatch and Lucy A. Holbrook, baptized March 16, 1921, blessed August 3, 1913 - viewed by VS.

Photo copy of Insurance Policy Application, gives name as Burth Holbrook Hatch, born March 16, 1913 at Tetonia, Idaho, August 27, 1956 - viewed by VS.

Brother's Birth Certificate on file #67-591, gives parents names as Perry Orin Hatch and Lucy Alice Holbrook Hatch, one of documents submitted was Certificate of Baptism and Confirmation in LDS Church, gives names of parents as Lucy Alice Holbrook and Perry Orron Hatch - viewed by VS.

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13015

County of Fremont

City of Clawson — Registration District No. 9 — File No.

No. ____ St. — Primary Registration District No. 2037 — Registered No. 140

Hospital

FULL NAME OF CHILD Bert Hallbrook Hach

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	March 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Perry Hach	Lucy Hallbrook
RESIDENCE	Clawson	Clawson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	33
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6 — Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn), at 4 20 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs M. E. Clark

(Physician or midwife)

Address Clawson

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 10 19 13 Ray L. [illegible]

Registrar

S-Y CO. 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 21 1969

389-118-022-993

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Clawson — Registration District No. 9 — File No. 13016

No. ____ St. — Primary Registration District No. 2037 — Registered No. 139

Hospital ____

FULL NAME OF CHILD Gerald Ricks Christianson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Mar 18 1913

FATHER		MOTHER	
FULL NAME	Peter Christianson	FULL MAIDEN NAME	Lucy Ricks
RESIDENCE	Clawson	RESIDENCE	Clawson
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	26 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 8:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. M. E. Clark

(~~Physician~~ or midwife)

Address Clawson

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Apr 10 19 13 Ray H. Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DUP OF 13-331257 name change

299-212-022-855

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Driggs

No. _____ St.

Hospital _____

Registration District No. 9

Primary Registration District No. 2037

File No. 13017

Registered No. 143

FULL NAME OF CHILD Louise Kirk

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Mar 12 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Net Luane Kirk	Laura Jensen
RESIDENCE	Driggs	Driggs
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housework

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~) at 3 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Larsen

(Physician or midwife)

Address Driggs R.D. No 1

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Apr 10 1913 Ray H. Fisher Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 3 0 1973

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SVL-18-12-2M-13

STATE OF [redacted]
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

[redacted] No. [redacted] 15-12

County of Fremont

City of Driggs

No. _____ St.

Hospital _____

Registration District No. 9 File No. 13018

Primary Registration District No. 2037 Registered No. 145

FULL NAME OF CHILD REED EDDINGTON

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	—	—	yes	3 (Month) 18 (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	George Eddington	FULL MAIDEN NAME	Ruth Hall
RESIDENCE	Driggs	RESIDENCE	Driggs
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	41	AGE AT LAST BIRTHDAY (Years)	39
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Miner	OCCUPATION	Housewife

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) on the date above stated. at 3 a M.

(Signature) Ora Dell Keith

(Physician or ~~midwife~~)

Address Driggs

Filed Apr. 10 19 13 Ray T. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Utah }
County of Salt Lake } ss.

Certificate No. 13018

Date Filed 3/23/42

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for _____ (Name on Original Certificate) who Born (Was Born or ~~Died~~) on March 18, 1913 (Date of Event)
in Driggs, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by _____ (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Reed Eddington

Subscribed and sworn to before me this 23rd day of March, 1942

R R Rasmussen
Notary Public, residing at Murray City Utah
My commission expires May 7, 1945
(Seal)

Signed Ruth H Eddington.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah }
County of Salt Lake } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6th day of April, 1942.

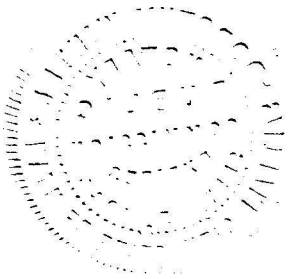
Dorothy Hunter
Notary Public, residing at Salt Lake
My commission expires Sept. 15-1944.
(Seal)

Signed George Eddington
(Signature of Any Credible Person Other Than Previous Year)

5457 So. 5th W. Murray Utah
(Street Address, City, State)

APR 9 1942

MAR 6 1957



855-123-032-757

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Chapin

No. ..... St.

Hospital .....

Registration District No. 7 File No. 13019

Primary Registration District No. 2037 Registered No. 144

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	3 23 1913

FATHER		MOTHER	
FULL NAME	Ozro Henrie	FULL MAIDEN NAME	Ella Peacock
RESIDENCE	Chapin	RESIDENCE	Chapin
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Wyo	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9:20 P.M. on the date above stated.

(Signature) Ora Bell Keith

(Physician or midwife)

Address Drug 92

Filed Apr 10 1913 Ray H. [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED

353-226-022-466

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Cache

No. ..... St.

Registration District No. 9 File No. 13020

Primary Registration District No. 2037 Registered No. 146

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	March 26, 1913

FATHER		MOTHER	
FULL NAME	Dan Letham	FULL MAIDEN NAME	Isabel Moffat
RESIDENCE	Cache	RESIDENCE	Cache
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	37	AGE AT LAST BIRTHDAY (Years)	34
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 8

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3:15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora D. Keith

(Physician or midwife)

Address Druggs

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/2/13 19 13 Ray H. Gardner Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

445-210-022-795

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13021

County of Fremont

City of Clawson

Registration District No. 9 File No.

No. St.

Primary Registration District No. 2037 Registered No. 147

Hospital

FULL NAME OF CHILD Ora Dell Dunn

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	March 10 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Dunn	Emma Prestage
RESIDENCE	Clawson	Clawson
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	41	31
BIRTHPLACE	Miss	Miss
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 11:45 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

(Physician or ~~midwife~~)

Address Driggs

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 13 Ray H Ford

Registrar

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

993-216-022-693

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Palisade Registration District No. 7 File No. 13022

No. St.

Primary Registration District No. 2037 Registered No. 190

Hospital

FULL NAME OF CHILD Selma Richards

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F.			yes	Feb 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	George R. Richards	Mina M. Wilson
RESIDENCE	Palisade	Palisade
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	37	30
BIRTHPLACE	~~Kansas~~ Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2.30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Fannie Hendrickson

(Physician or midwife)

Address Badger, Ida.

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray H. Fisher Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

AUG 1 1968

653-224-033-213

NUMBER OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V.S. No. M—Rev. 2-15-12

County of Fremont

City of Victor

Registration District No. 9 File No. 13023

No. ____ St.

Primary Registration District No. 2037 Registered No. 192

Hospital PHYLLIS

FULL NAME OF CHILD ~~Esther~~ Weber

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	(To be answered only in event of plural births)			yes	Feb 24 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles L. Weber	Flora J Ballard
RESIDENCE	Victor	Victor
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	52	38
BIRTHPLACE	Wisconsin	Wisconsin
OCCUPATION	Carpenter	Housewife

Number of child of this mother, including present birth 8th

Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 1:15 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs O. B. Curtis

(Physician or midwife)

Address Victor Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 1913 Ray H. Fisher M.D.

S-Y CO. 20175

Registrar

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon } ss.
County of Klamath }

Certificate No. 13023

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Esther Weber (Name on Original Certificate) who was born (Was Born or Died) on February 24, 1913, (Date of Event)
in Victor, Teton County, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by her own personal knowledge (Bible Record, Insurance Policy, Etc.) being the mother of the child. (Give Date) are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Esther	Phyllis Weber

Subscribed and sworn to before me this 13th
day of July, 1942

Notary Public, residing at NOTARY PUBLIC FOR OREGON

My commission expires MY COMMISSION EXPIRES MAY 4, 1943
(Seal)

Signed Flora Isabella Weber,
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Cheshire, Oregon
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Lane }

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th
day of July, 1942.

Notary Public, residing at Eugene, Oregon

My commission expires Dec. 26, 1942.
(Seal)

Signed William Davis Weber
(Signature of Any Credible Person Other Than Previous Year)

1208 W 8 Eugene Ore
(Street Address, City, State)

JUL 18 1942

JUL 2 0 1942

789-222-022-789

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13024

County of Fremont

City of Tetonia — Registration District No. 9 — File No.

No. ____ St. — Primary Registration District No. 2037 — Registered No. 115

Hospital

FULL NAME OF CHILD Alta Phillips

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	3-22-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Milton Phillips	Mrs. Millon Phillips
RESIDENCE	Tetonia	Tetonia
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth ____ Number of children of this mother now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ora Dell Keith

(Physician or midwife)

Address Driggs

Given names added from a supplemental report

....., 19....

Filed Apr 10 19 13 Ray H. Fisher
Registrar

.....
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

MAR 6 1974

DECEASED

RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

...353

County of Fremont

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 10-Rev-2-15-12

City of Independence

Registration District No. 7

File No. 13025

No. ..... St.

Primary Registration District No. 2039

Registered No. 128

Hospital .....

FULL NAME OF CHILD ADA Margaret Hanson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F1	—	—	yes	Feb 16 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Marinus Hansen	Mary E Nelson
RESIDENCE	Independence	Independence
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	35	26
BIRTHPLACE	Denmarke	Idaho
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ~~.....~~ (Born alive or stillborn) at 6 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J. Peterson

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 10 19 13 Ray [illegible]

Registrar

S-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho. } ss.
County of Madison }

Certificate No. 15025

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Ada Margaret Hansen (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on 16th February, 1913 (DATE OF EVENT)
in Thornton Idaho. (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Certificateof blessing (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 6th 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Margaret	Ada Margaret Hansen

Subscribed and sworn to before me this 15th
day of March, 1943

E. E. Stowell
Notary Public, residing at Rexburg Idaho.
My commission expires Sept 5th 1946
(SEAL)

Signed Orvils Marinus Hansen
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Thornton Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15
day of March, 1943

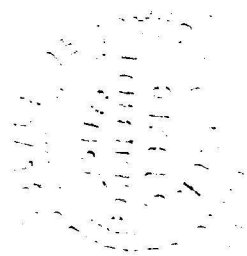
E. E. Stowell
Notary Public, residing at Rexburg Idaho.
My commission expires Sept 5th 1946
(SEAL)

Signed Mary M. Hansen
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

Thornton Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on MAR 18 1943 By
(REGISTRAR'S SIGNATURE)

MAR 20 1943



553-106-022-795

PLACE OF BIRTH

Amended 11/25/75

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Redburg

No. _____ St.

Registration District No. 9

File No. 13026

Primary Registration District No. 2039

Registered No. 158

Hospital _____

FULL NAME OF CHILD Marion Douglas Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
M	—	—	Yes	Jan 6 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James R. Nelson	Fannie Pierce
RESIDENCE	Independence	Independence
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 6 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or midwife)

Address Redburg

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Apr 10 19 13 Ray H. Jones Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

NOV 3 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
NOV 14 2 42 PM '75

State of ..... } ss.
County of ..... }

Certificate No. 13026

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Nelson (Male) (Name on Original Certificate) who was born (Was Born or Died) on Jan 6, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Marion Douglas Nelson
Mother's name	Murgrill Pierce	Fannie Leona Pierce

Subscribed and sworn to before me this 11 day of November, 19 75

Notary Public, residing at Kearns, Utah
My commission expires MY COMMISSION EXPIRES SEPT. 11, 1979
(Seal)

Signed Fannie Leona Pierce Nelson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting death record; or other credible person.)

4681 W 4765 S. Kearns Utah
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 11/3/75

Membersjip record for Ruby Alice Nelson to the LDS Church gives husband's name as Marion Douglas Nelson. married June 10, 1942. viewed by VS.

NOV 2 5 1975

Membership record to the LDS Church for Marion Douglas Nelson born Jan 6, 1913 in Independence, Idaho gives father' name as James Ried Nelson and mother's name as Fannie Pierce. Blessed Mar 2, 1913 and Baptized Aug 6, 1921. viewed byVS

493-227-022-384

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11 [illegible]

CERTIFICATE OF BIRTH

13027

County of Fremont

City of Thornton — Registration District No. 9 — File No.

No. ____ St. — Primary Registration District No. 2039 — Registered No. 129

Hospital

FULL NAME OF CHILD Minnie Violet Dickson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
F	—	—	yes	Feb 27 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Jud Dickson	Gundel Lyman
RESIDENCE	Thornton	Thornton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	30
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 — Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 330 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. Carl J. Peterson

(~~Physician~~ or midwife)

Address Rexburg

Given names added from a supplemental report

....., 19.....

Filed Apr 10 1913 Ray H. Fisher

Registrar

S-Y CO. 20175 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

625-124-022-336

PLACE OF BIRTH

Form V. S. No. 11—10m-9-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence

Registration District No. 9

File No. 1302[illegible]

No. ____ St.

Primary Registration District No. 2039

Registered No. 131

Hospital ____

FULL NAME OF CHILD Leroy Oberhansly

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
M	—	—	Yes	Jan 24 [illegible]

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alfred H. Oberhansly	Mary J. Howard
RESIDENCE	Independence	Independence
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	38
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 9 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J. Peterson

(Physician or midwife)

Address Rexburg

Filed Apr 10 19 13 Ray N. Fisher
Registrar

Given names added from a supplemental report

____ 19____

____
Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BI

Amended 12/9/71

PLACE OF BIRTH

Form V. S. No. 11—10m

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence Registration District No. 9 File No. 13028

No. St. Primary Registration District No. 2039 No. 130

Hospital

FULL NAME OF CHILD James Linden Melton

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Mar [redacted] 3

FATHER		MOTHER	
FULL NAME	Grover C. Melton	FULL MAIDEN NAME	Martha Stalcup
RESIDENCE	Independence	RESIDENCE	Independence
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	27 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Indiana	BIRTHPLACE	Indiana
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) on the date above stated. at 1145 P.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs Carl J Peterson

midwife (Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rexburg

Filed Apr 10 19 13 Ray H. Fish

Registrar

..... Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registered No. 13029

Date of Birth

PLACE OF BIRTH

Recorded 12/9/11

County of

Own Child's Birth Cert. on file: (Idaho Birth) #223507 gives full name of father as James Linden Melton - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Washington } ss.
County of Cowlitz }

Certificate No. 13029

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lynden Melton (Name on Original Certificate) who was born (Was Born or Died) on March 13, 1913 (Date of Event)
in Independence, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	Lynden Melton	James Linden Melton
date of birth	March 13, 1913	March 12, 1913

Subscribed and sworn to before me this 27 day of May, 1961

Notary Public, residing at Longview, Wn.
My commission expires 9-11-62
(Seal)

Signed J. L. Melton
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at
My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

DEC 27 1971

Certif. of Baptism and Confmation from LDS Church dated March 30, 1952 gives name as Dorothy Louise Melton daughter of James Linden Melton and Ruby L. McLaughlin. Born July 12, 1941 at Idaho Falls, Idaho. Baptized March 29, 1952 and Confmd. March 30, 1952. Viewed by V. S.

Birth Certificate from Idaho Falls LDS Hospital, Idaho Falls, Idaho for Dorothy Louise Melton born July 12, 1941 gives father's name as James Linden Melton born March 12, 1913. and the Mother's name as Ruby Louise McLaughlin . Viewed by V. S.

Insurance Application From Metropolitan Life Insurance Co. gives name as James L. Melton born in Rexburg, Idaho on March 12, 1913. Dated April 15, 1938. Viewed V. S

[redacted]-370-[redacted]-2-412

[redacted] V. S. No. 11—10m-2-15-13

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

13030

City of Rexburg Registration District No. 7 File No.

No. St.

Primary Registration District No. 2039 Registered No. 133

Hospital

FULL NAME OF CHILD MADGE MIDDLETON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
F.	—	—	Yes	3-30

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Joe Middleton	Hattie Dalbell
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	27	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Grocery Clerk	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7.25 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eaton

(Physician or ~~midwife~~)

Address Rexburg

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 10 19 13 Ray H. Eaton Registrar

6-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECO

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 6 1943

MARGIN RESERVED FOR BINDING

nited States
epartment of Commerce
ureau of the Census

(Be sure the information is as of date of birth of THIS child.)

CERTIFICATE OF BIRTH

STATE OF IDAHO

State File No.
Local Reg. No.
Reg. Dist. No.

PLACE OF BIRTH (All items at time of this birth)
(a) County Madison (b) City City
(c) Street Address or R.F.D. No. Main Street
(d) Name of Hospital or Maternity Home:
At home.
(e) Mothers stay **BEFORE** delivery:
In **THIS** county 6 years months days

2. **USUAL RESIDENCE OF MOTHER** (At time of this birth)
(a) State Idaho (b) County Madison
(c) City Rexburg
(d) Street Address or R.F.D. No. Main Street
(e) How long has **MOTHER** lived in Idaho? 25 yrs
3. **RESIDENCE OF FATHER** (city, state) Rexburg, Idaho.

FULL NAME OF CHILD Madge Middleton

5. Date of Birth of Child (Month, day, year) March 30, 1913

Sex female

7. Twin or Triplet no If so—born 1st, 2nd, 3rd

8. No. months of Pregnancy 9

9. Legitimate? Yes.

FATHER OF CHILD

FULL NAME Joseph Fife Middleton

Color or Race white

12. Age at time of THIS birth 27 yrs.

Birthplace Ogden (City or town) Utah (State or foreign country)

Exact Occupation Store clerk

Industry or Business

MOTHER OF CHILD

16. **FULL MAIDEN NAME** Hattie May DaBell

17. Color or Race white

18. Age at time of THIS birth 25 yrs

19. Birthplace Ogden (City or town) Utah (State or foreign country)

20. Exact Occupation Housewife

21. Industry or Business

Name prophylactic used to prevent Ophthalmia Neonatorum

Number of children of this mother: (a) At time of birth and including this child one (b) Born alive and now living one

ATTENDANT'S CERTIFICATE

I HEREBY CERTIFY That I attended the birth of this child, who was ..... (Born alive, stillborn) at ..... M. on the dat

and at the place stated above, and that personal particulars were furnished by ..... (First name) (Last name)

who is related as ..... (Mother, etc.)

Attendant's **OWN** signature ..... M.D. Midwife Address ..... Date .....

te of Idaho
unty of Madison } ss.

AFFIDAVIT

(To be completed when the attendant does not sign in Item 25.)

I, the undersigned, being first duly sworn, say that I am the mother (Mother, etc.) of the person whose name appears in Item 4

ve, that I am now fifty-five years of age, that I have known this person for 29 years, and tha

Dr. (First name) Espe (Last name), who attended this birth cannot be located (Is now deceased) or (Cannot be located). I furthe

e that the facts on the certificate above are true to the best of my knowledge, and that I desire to have this birth recorded under Chapter 139
7 Session Laws.

Hattie Middleton Signatur

Rexburg, Idaho. P. O. Addres

Subscribed and sworn to before me this 17th day of June, 1943.

(SEAL) Mary Smith, Notary Public, residing at Rexburg, Idaho.

(Note: Perjury is punishable as a felony in Idaho; see Sec. 17-914, Idaho Code Annotated.)

eived for filing on ..... by ....., Registra

DELAYED REGISTRATION LAW

(1937 Session Laws, Chapter 139, Section 4)

Where the birth of a child born prior to the effective date of Chapter 191, 1911 Session Laws, has not been recorded, or in case of failure to report any birth which has occurred subsequent to such date, such report may be received and filed by the local registrar for record in the Bureau of Vital Statistics for the purposes and uses prescribed in Chapter 2, Title 38, Idaho Code Annotated, when such report is accompanied by a certificate of the attending physician or midwife, or by Affidavits of the father or mother of the child, or if neither father or mother of the child is living or accessible, of the nearest of kin or guardian, or some person having direct knowledge in the premises.

335-22-022-351

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Amended 5/12/76

CERTIFICATE OF BIRTH

County of Fremont

City of Parkline / Registration District No. 9 File No. 13031

No. ____ St. Primary Registration District No. 2039 Registered No. 132

Hospital ____

FULL NAME OF CHILD LaVon L. Clements

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	3 - 26 - 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Clements	Janet A. B. Leatham
RESIDENCE	Parkline	Parkline
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	38
BIRTHPLACE	Minn	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 12 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Esplin

(Physician or midwife)

Address Parkline

Given names added from a supplemental report

____ 19____

Filed Apr. 10 19 13 Ray H. Fisher

Registrar

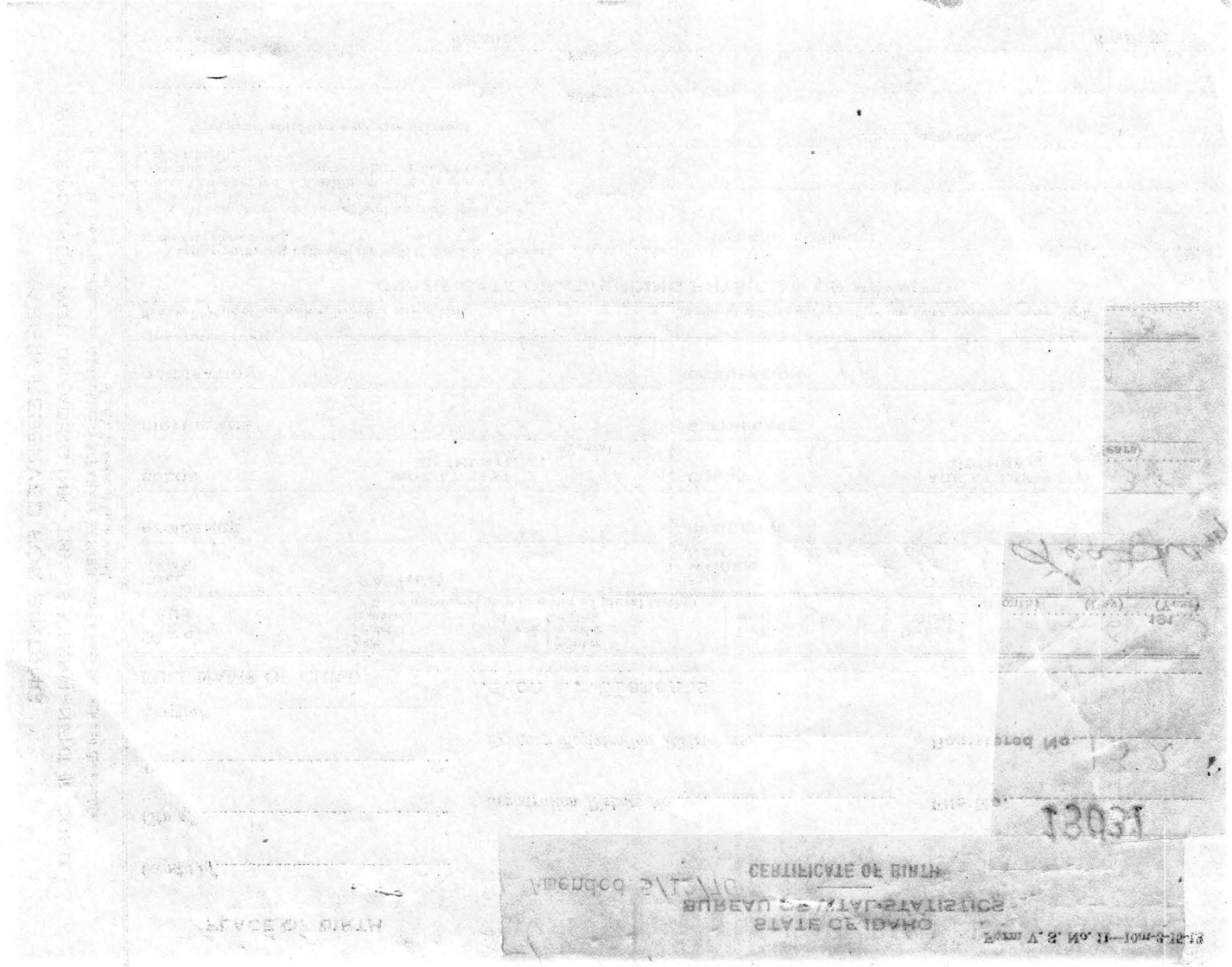
S-Y CO. 20175

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

RECEIVED
BUREAU OF
VITAL STATISTICS
APR 20 3 13 PM '76

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13031

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Clements (Name on Original Certificate) who born (Was Born or Died) on March 26, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	LaVon L. Clements
Full Maiden Name of Mother	Jeanette Latham	~~Janet~~ ~~Leatham~~ Janet Urquhart Spence Leatham

Subscribed and sworn to before me this 26th day of April, 19 76.

Notary Public, residing at Rexburg
My commission expires Sept. 1, 1976
(Seal)

Signed LaVon L. Clements Burns ~~Leatham~~ LLCm
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route #1, Thornton, Idaho 83453
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 26th day of April, 19 76.

[illegible] Buckley
Notary Public, residing at Rexburg
My commission expires September 1, 1976
(Seal)

Signed Wiley Delmar Cook.
(Signature of Any Credible Person)

Route #1, Thornton, Idaho 83453
(Street Address, City, State)

FORM DPH 55.155

CL 7-24-59. one copy pd. receipt #12997.

MAY 12 1976

Certif of Blessing from the LDS Church gives name as LaVon Clement daughter of John W. Clement and Janett U. S. Leatham. Born March 26, 1913 at Rexburg, Idaho. Blessed May 4, 1913. viewed by V. S.

Certif of Baptism and Confirmation gives name as LaVon Clement daughter of Jonie Wm. Clement and Janet U. S. Leatham. born March 26, 1913 at Rexburg, Idaho. Baptized June 4, 1921. viewed by V. S.

253-101-022-444

PLACE OF BIRTH

Form V. S. No. 11—10m-2-14

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

File No. 13032

County of Fremont

City of Rexburg Registration District No. 9

No. ____ St.

Primary Registration District No. 2039 Registered No. 135

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	Twin	1st	yes	4 1 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eli Bell	Mary Muckley
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	36
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 2 30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eccles

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

....., 19.....

Filed Apr 10 1913 Ray W. Fisher
Registrar

.....
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

253-101-022-444

PLACE OF BIRTH

County of Fremont

City of Rexburg

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 1303

Primary Registration District No. 2039 Registered No. 134

FULL NAME OF CHILD _____

Sex of Child	Twin Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M	Twin and	2nd	yes	4 (Month) (D[redacted]

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Eli Bell	FULL MAIDEN NAME	Mary Dudley
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	36 (Y[redacted])
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth [redacted]

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or ~~stillborn~~), at 2 40 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. G. Eaton

(Physician or ~~midwife~~)

Address Rexburg

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Apr 10 19 13 Ray L. Fisher R[redacted]

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form U.S. No. 11—10m-2-15-12

696 - 220-022-619

PLACE OF BIRTH

Form V. S. No. 1 [redacted]

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Refburg Registration District No. 7 File No. 1303[redacted]

No. ..... St. Primary Registration District No. 2039 Registered No. 136

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (D[redacted]
M	—		—	yes	March 2 [redacted]

FATHER		MOTHER	
FULL NAME	Benj. F. Fife	FULL MAIDEN NAME	Jessie W. Turner
RESIDENCE	Refburg	RESIDENCE	Refburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6th Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 1:10 P. M. on the date above stated.

(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K A Crismon

(Physician or ~~midwife~~)

Given names added from a supplemental report

..... 19.....

Address Refburg

Filed Apr 10 19 13 Ray W. Fisher

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

533-203-022-714

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rexburg — Registration District No. 9 — File No. 13035

No. ____ St. — Primary Registration District No. 2039 — Registered No. 137

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	—	—	Yes	Jan 3 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Charles Ellsworth	Fanny H. Paul
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 5:45 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crismon

(Physician or ~~midwife~~)

Address Rexburg

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Apr 10 1913 Ray H. Hyde Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

132-214-022-813

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13036

13086

County of Fremont

City of Archer

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. .....

Registered No. 138

FULL NAME OF CHILD Rose Ellen Atkinson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Jan 14 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Bert Atkinson	Rhoana Hatch
RESIDENCE	Archer	Archer
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4:30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) K. A. Crimmon

(Physician or midwife)

Address Redburg

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray H. Frame
Registrar

..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED

SEP 17 1968

Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson }

Certificate No. 13036

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed Atkinson (Female Child) (Name on Original Certificate) who was born (Was Born or Died) on January 14, 1913 (Date of Event)

in Archer, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Rose Ellen Atkinson

Subscribed and sworn to before me this 14 day of September, 1968

Ralph M. Crockett

Notary Public, residing at Ashby, Idaho

My commission expires 5/10/69

(Seal)

Signed Rose Ellen Atkinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) Grantee

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14 st day of September, 1968

Ralph M. Crockett

Notary Public, residing at Ashby, Idaho

My commission expires 5/10/69

(Seal)

Signed Jesse Dallas Andrus
(Signature of Any Credible Person)

Box 469, Lewisville, Idaho
(Street Address, City, State)

FORM DH 60-155

L 9-5-68. one copy pd. rec. #359

— LDS Church Certificate of Baptism and Confirmation, Sept. 4, 1921, gives name as ~~Rose~~ Ellen Atkinson, Daughter of Hyrum B Atkinson and Rhoanna Hatch, born January 14, 1913 (1921) at Archer, Idaho - viewed by VS.

OCT 9 1968

Photo copy of Marriage Certificate, State of Idaho, County of Power, gives full name of bride as Rose Ellen Atkinson and name of groom as Jesse D. Andrus, married March 24, 1935 - viewed by VS.

962-218-022-118

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Registration District No. 9 File No. 13037

Primary Registration District No. 2039 Registered No. 148

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	3/18/13

FATHER		MOTHER	
FULL NAME	Floyd Roberts	FULL MAIDEN NAME	Annie Jaquess
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 9th

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 5-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Sharpe

(Physician or midwife)

Address Sugar City

Given names added from a supplemental report

..... 19.....

Filed Apr 12 19 13 Ray L. Linder
Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 17 1968

719-218-022-514

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... *St.*

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 13038

Registered No. 149

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	3 - 18 - 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Royal Garn	Elsie Cannon
RESIDENCE	Teton	Teton
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	26
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 9 a. M. on the date above stated.

(Signature) J. R. Shuke

(Physician or ~~midwife~~)

Address Sugar City

Filed Apr 10 19 13 Ray D. Fisher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of.....

796-211-022-993

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13039

County of Fremont

City of Sugar

No. ..... St.

Registration District No. 9 File No. .....

Primary Registration District No. 2039 Registered No. 150

Hospital .....

FULL NAME OF CHILD Thelma Grover

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	yes	3 (Month) – 11 (Day) – 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Will Grover	FULL MAIDEN NAME	Martha Ricks
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	36 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Mgr Grain Elevator	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shupe

(Physician or midwife)

Address Sugar City

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ralf W. Fisher

..... Registrar

Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

331-205-022-867

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-2-15-12

13040

County of Fremont

City of Salem

Registration District No. 9

File No.

No. St.

Primary Registration District No. 2039

Registered No. 15

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F			yes	3 — 5 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Clay	Alice Hope
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	24
BIRTHPLACE	Wyoming	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) on the date above stated, at 1:50 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Sharpe

(Physician or ~~midwife~~)

Address Sugar City

Filed Apr 10 19 13 Ray D. Fisher

Registrar

Given names added from a supplemental report

19

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-3-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

Amended 10-17-58

Bureau of Birth

133-BAP-52-168

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ____ St. Registration District No. 9 File No. 13041

Hospital ____ Primary Registration District No. 2039 Registered No. 153

FULL NAME OF CHILD Mable Winona Allen
(Certificate of no value without full name of child.)

Sex of Child	Twin / Triplet / or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			Yes	2-28-1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Jerry Allen	FULL MAIDEN NAME: Emma Bianca Johnston
RESIDENCE: Teton	RESIDENCE: Teton
COLOR: W	COLOR: W
AGE AT LAST BIRTHDAY: 25 (Years)	AGE AT LAST BIRTHDAY: 22 (Years)
BIRTHPLACE: Utah	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 12:55 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) J. R. Shupe

(Physician or midwife)

Address Sugar City

Filed Apr. 10, 1913 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 17—Rev. 6-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Teton

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2039

File No. 13041

Registered No. 153

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— and —	—	yes	2-28-1913

FATHER		MOTHER	
FULL NAME	Jerry Allen	FULL MAIDEN NAME	Bianca Johnson
RESIDENCE	Teton	RESIDENCE	Teton
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1255 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuke

(Physician or ~~midwife~~)

Address Sugar City

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray W. Frahm

..... Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

OCT 17 1958

to cofrect Mother's Name, another childs birth cert. #163014, gives the correct Name-viewed by V.S. and Mother's Certificate of Blessing, Dec. 5, 1889 viewed by V.S. SugarCity, Idaho, High School Diploma, May 20, 1932 gives name as Mable Winona Allen and Church Record, May 17, 1931 gives name as Mable Winona Allen - viewed by V.S.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS
JUN 25 1958
Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Fremont } ss.

Certificate No. 13041

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for Unnamed (Name on Original Certificate) who born (Was Born or Died) on February 28, 1913 (Date of Event)

in Teton, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by own Childs Birth Cert. (Bible Record, Insurance Policy, Etc.) prepared on State File No. 371851 viewed by V.S. (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Mable Winona Allen
Full Maiden Name of Mother	Biancia Johnson	Emma Bianca Johnston

Subscribed and sworn to before me this 21st day of June 1958

Notary Public, residing at St. Anthony, Ida.
My commission expires Jan 30, 1960
(Seal)

Signed Emma Bianca Johnston
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salem City, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Fremont } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June 1958

Notary Public, residing at St. Anthony, Ida.
My commission expires Jan 30, 1960
(Seal)

Signed Maud Bird
(Signature of Any Credible Person)

St. Anthony, Idaho
(Street Address, City, State)

FORM DPH 55.155 CL 6-6-58 nm

121-102-022-125

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13042

Primary Registration District No. 2039 Registered No. 152

FULL NAME OF CHILD Kikuno Asano

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	3 - 2 - 13

FATHER		MOTHER	
FULL NAME	K Asano	FULL MAIDEN NAME	B. Aseki
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	Yellow	COLOR	Yellow
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Japan	BIRTHPLACE	Japan
OCCUPATION	Farming	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 2a m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shreve

(Physician or ~~Midwife~~)

Address Sugar City

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray W. Fisher

..... Registrar

Registrar

S-Y CO. 20175

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

962-124-02-845

PLACE OF BIRTH

STATE OF UTAH
BUREAU OF VITAL ST.
CERTIFICATE OF BIRT.

County of Fremont

City of Sugar

Registration District No. 9 File No. 13043

No. St.

Primary Registration District No. 2039 Registered No. 154

Hospital

FULL NAME OF CHILD Glen Leray Ross

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	2 - 24 - 1913

FATHER		MOTHER	
FULL NAME	Aurelius Ross	FULL MAIDEN NAME	Pauline Hunziker
RESIDENCE	Sugar	RESIDENCE	Sugar
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	23	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Utah	BIRTHPLACE	Zurich, Switzerland
OCCUPATION	Laborer	OCCUPATION	—

Number of child of this mother, including present birth

Number of children of this mother now living, including present birth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 1 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuster

(Physician or ~~midwife~~)

Address Sugar City

Given names added from a supplemental report

19

Registrar

Filed Apr 10 1913 Ray V. Fisher

Registrar

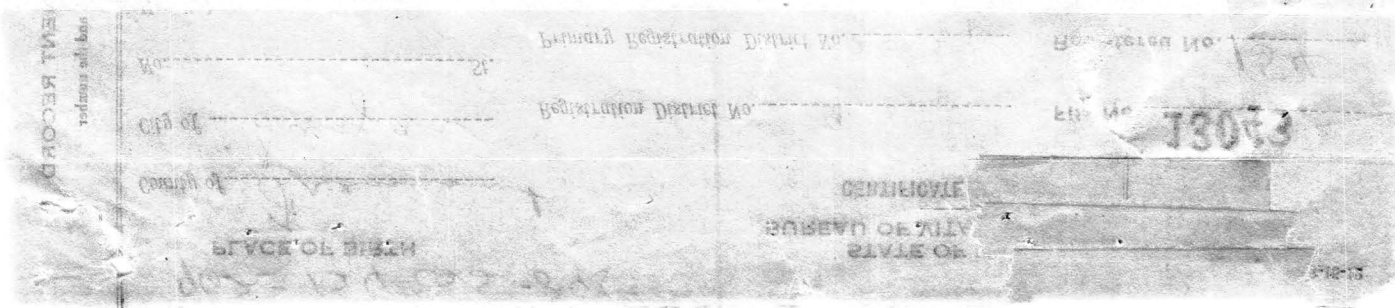
S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Certified Copy issued Feb. 27, 1941. E.W.



AFFIDAVIT

STATE OF IDAHO)
) ss.
COUNTY OF BONNEVILLE)

I, Mrs. Pauline Hunziker Ross, being first duly sworn, depose and say:

That I was born at Zurich, Switzerland on August 27, 1890 and not in Germany as is shown on the birth certificate of Glen Leray Ross, my son.

Mrs Pauline Hunziker Ross.

Subscribed and sworn to before me this 3rd day of April 1941.

Notary Public
Residing at Idaho Falls, Idaho

My commission expires:
May 1, 1942

689-226-022-466

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Wilford

Registration District No. 9 File No. 13044

No. ____ St.

Primary Registration District No. 2039 Registered No. 155

Hospital ____

FULL NAME OF CHILD Charlotte White

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
F1	—	—	Yes	2-26-1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Stephen White	FULL MAIDEN NAME	Rozella Moore
RESIDENCE	Wilford	RESIDENCE	Wilford
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	49 (Years)	AGE AT LAST BIRTHDAY	32 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 3 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuke

(Physician or midwife)

Address Sugar City

Filed Apr. 10. 1913 Ray L. Fish
Registrar

Given names added from a supplemental report

____ 19____

____
Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

7-10-41

JAN 9 1975

236-126-022-251

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence

Registration District No. 9

File No. 13046

No. ____ St.

Primary Registration District No. 2039

Registered No. 157

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Feb 26 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Thomas Stoddard	May Beatie
RESIDENCE	Independence	Independence
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	25	25
BIRTHPLACE	Idaho	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) at 5 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

..... 19.....

Filed Apr 10 1913 Ray H. Fisher

..... Registrar

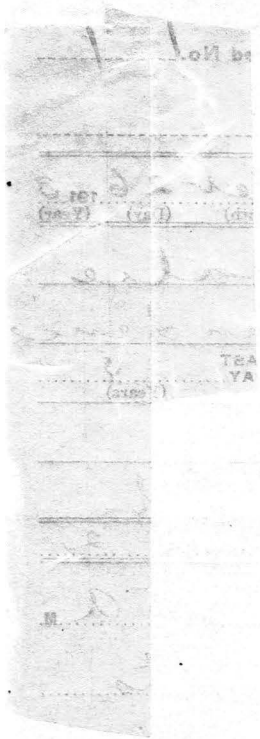
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



355-123-022-343

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Redburg Registration District No. 9 File No. 13047

No. ____ St. Primary Registration District No. 39 Registered No. 159

Hospital ____

FULL NAME OF CHILD Harold Lutz Lenroot

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Jan 23 1913

FATHER		MOTHER	
FULL NAME	Heber Lenroot	FULL MAIDEN NAME	Lydia Lutz
RESIDENCE	Redburg	RESIDENCE	Redburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	44	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Harness Maker	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or stillborn) on the date above stated. at 6:15 A.M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M. A. Watts

(Physician or midwife)

Address Redburg

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Apr 10 19 13 Registrar

6-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 13 1967

COPY

FEB 1

2-14-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
FEB 17 1967
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13047

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Lenroot (Name on Original Certificate) who was born (Was Born or Died) on Jan 23, 1913 (Date of Event)
in Rexburg, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	unnamed	Harold Lutz Lenroot

Subscribed and sworn to before me this 16th day of February, 1967

Signed Dan D Bagshaw
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Idaho Falls, Idaho

My commission expires Jan. 14 1968

(Seal)

1631 Bonneville Ave. Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Signed .....
(Signature of Any Credible Person)

Notary Public, residing at .....

My commission expires .....
(Seal)

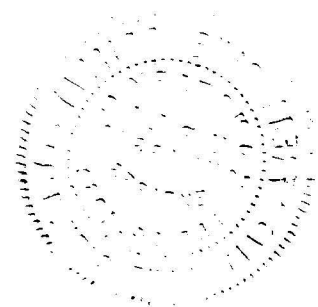
(Street Address, City, State)

Eighth Grade Diploma issued by the Public Schools of Rexburg, Idaho gives name as Harold Lutz Lenroot. Diploma issued May 16, 1927. Viewed by V. S.

FEB 17 1967

Record of Certificate of Membership in L. D.S. Church gives name as Harold Lutz Lenroot born Jan 23, 1913 at Rexburg, Idaho. Father Heber David Lenroot and Mother Lydia Ann Lutz.

Viewed by V. S.



312-205-022-817

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13048

County of Fremont

City of Rexburg

Registration District No. 9

File No.

No. St.

Primary Registration District No. 2039

Registered No. 160

Hospital

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Feb 5 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	T. Takahashi	T. Hagiwara
RESIDENCE	Rexburg	Rexburg
COLOR	Yellow	Yellow
AGE AT LAST BIRTHDAY (Years)	37	20
BIRTHPLACE	Japan	Japan
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 3:40 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts

(~~Physician~~ or midwife)

Address Rexburg, Ida

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 13 Registrar

.....
Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of.....

MAR 18 1970

APR 10 1970

613 '07-022-816

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MRM T. S. No. 17 — 2-15-12

County of Fremont

City of Rexburg Registration District No. 9 File No. 13049

No. St. Primary Registration District No. 2039 Registered No. 161

Hospital

FULL NAME OF CHILD CLUFF HAWKES WALKER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Feb 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Wm A. Walker	Emma Hawkes
RESIDENCE	Rexburg	Rexburg
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	32
BIRTHPLACE	Utah	Utah
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9.35 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) M A Watts

(Physician or midwife)

Address Rexburg

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 13 Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PE[illegible]E OF BIRTH

County of[illegible]

[illegible]

[illegible]

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

Certificate No. 13049

State of California } ss.
County of Los Angeles }

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of _____ (Birth or death) for _____ (Name on original certificate) who _____ (Was born or died) on _____ (Date of event) in _____ (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by _____ (Bible record, insurance policy, etc.) prepared on _____ (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Walker	Cluff Hawkes Walker
Date of birth	Feb. 8, 1913	Feb. 7, 1913

Subscribed and sworn to before me this 4th day of November, 1941

Notary Public, residing at Long Beach, Calif.

My commission expires April 9, 1944

[SEAL]

Signed William Adelbert Walker
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

212 W. Cedar Ave., Bellflower, Calif.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____ } ss.
County of _____ }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this _____ day of _____, 19____

Notary Public, residing at _____

My commission expires _____

[SEAL]

Signed _____
(Signature of any credible person other than the previous affiant.)

_____
(Street Address, City, State)

Received for filing on _____ By _____
(Registrar's signature)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

33-220-1922-912

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13050

County of Fremont

City of Rexburg Registration District No. 9 File No.

No. St. Primary Registration District No. 2039 Registered No. 172

Hospital

FULL NAME OF CHILD Lillian Vida Clark

Sex of Child	Twin Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	— (To be answered only in event of plural births)		—	yes	3-20-1913

FATHER		MOTHER	
FULL NAME	Wm J. Clark	FULL MAIDEN NAME	Annie Rasmussen
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	50	AGE AT LAST BIRTHDAY (Years)	42
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 13

Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 8 3/4 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Almira M. Nelson

(~~Physician~~ or midwife)

Address Rexburg

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr 10 19 13 Ray H. Fisher
Registrar

5-Y CO. 20175

Form V. S. No. 11—10m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

ORD

AUG 9 1944

APR 18 2000

113-208-022-593

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Archer

No. ..... St.

Hospital .....

Registration District No. 9 File No. 13051

Primary Registration District No. 2039 Registered No. 178

FULL NAME OF CHILD Martha Elizabeth Jackson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	March 8 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John W. Jackson	Eliza Nichols
RESIDENCE	Archer	Archer
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	46	40
BIRTHPLACE	Utah	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 1:30 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo E. Hyde

(Physician or midwife)

Address Rexburg, Ida.

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray H. Smith

..... Registrar

S-Y CO. 20175

..... Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Madison }

Certificate No. 13051

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for Unnamed Jackson (Name on Original Certificate) who was born (Was Born or Died) on March 8, 1913 (Date of Event) in Archer (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Babtizim Certificate (Bible Record, Insurance Policy, Etc.) Wedding Certificate prepared on July 24, 1923 and Nov 15, 1933 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Name	Unnamed	Martha Elizabeth Jackson

Subscribed and sworn to before me this 28 day of March 19 57

Notary Public, residing at Rexburg
My commission expires December 18, 1958
(Seal)

Signed Herman Erickson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Route 1 Thornton, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Madison }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28 day of March, 19 57

Notary Public, residing at Rexburg, Idaho
My commission expires December 18, 1958
(Seal)

Signed Margaret A Briggs Merrill
(Signature of Any Credible Person)

Rexburg, Idaho
(Street Address, City, State)

FORM DPH 55. 155

APR 4

244-203-022-259

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Independence — Registration District No. 9 — File No. 13052

No. ____ St. — Primary Registration District No. 2039 — Registered No. 179

Hospital ____

FULL NAME OF CHILD ____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	March 3 1913

FATHER		MOTHER	
FULL NAME	George W. Summers	FULL MAIDEN NAME	Lucy M Probert
RESIDENCE	Independence	RESIDENCE	
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2nd — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 6:45 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo E Hyde

(Physician or midwife)

Address Redburn

Given names added from a supplemental report

____ 19____

____ Registrar

Filed Apr 10 19 13 Ray V. Tuttle Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

269-108-022-434

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13053

County of Fremont

City of Rexburg Registration District No. 9 File No.

No. St. Primary Registration District No. 2039 Registered No. 180

Hospital

FULL NAME OF CHILD Caise Squire Sorensen

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	3 - 8 - 1913

FATHER		MOTHER	
FULL NAME	Christian Sorensen	FULL MAIDEN NAME	Gertrude M. McDonald
RESIDENCE	Rexburg	RESIDENCE	Rexburg
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	42	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	Denmark	BIRTHPLACE	Illinois
OCCUPATION	Merchant	OCCUPATION	Housewife

Number of child of this mother, including present birth 8 Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~), at 8 45 P. M. on the date above stated.

(Signature) Alvira M. Nelson

(~~Physician~~ or midwife)

Address Rexburg

Filed April 10 19 13 Ray W. Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

19

Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-8-11-39

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

BIRTHPLACE

OCCUPATION

WHITE UNREGISTERED BIRTH REGISTRATION

569-124-022-551

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Hibbard

No. 1 St.

Hospital

Registration District No. 9

Primary Registration District No. 2039

File No. 13054

Registered No. 181

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	3-24-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Morelli	Lillian Evans
RESIDENCE	Hibbard	Hibbard
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	21	19
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 7 a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Shuke

(Physician or midwife)

Address Sugar City

Filed Apr 10 19 13 Ray W. Fisher

Registrar

Given names added from a supplemental report

..... 19.....

.....

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

318-103-022-296

PLACE OF BIRTH

County of Fremont

City of Sugar

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13055

Primary Registration District No. 2039 Registered No. 182

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and — Number in order of birth —	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	3 — 3 — 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leon Taylor	Ruby Brown
RESIDENCE	Sugar	Sugar
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	33	29
BIRTHPLACE	Utah	Utah
OCCUPATION	Sugar Foreman	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 2 2 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. R. Stirpe

(Physician or midwife)

Address Sugar Utah

Filed Apr 10 1913 Ray V. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-5-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

855 - 224-022-245

PLACE OF BIRTH

County of Fremont

City of Salem

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13056

Primary Registration District No. 2039 Registered No. 183

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	3-24-13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo Hendricks	Mary Kuntz
RESIDENCE	Salem	Salem
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	32
BIRTHPLACE	Germany	Germany
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 10 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Stupe

(Physician or midwife)

Address Sugar City

Filed Apr 10 19 13 Ray H. Fisher
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V.S. No. 24—10m-2-16-12

SIGN HERE FOR DELIVERY

PLACE OF BIRTH

867-118-022-549

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Salem

Registration District No. 9 File No. 13057

No. ..... St.

Primary Registration District No. 2039 Registered No. 184

Hospital .....

FULL NAME OF CHILD Louis Henry Hogge

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	3 – 18 – 13

FATHER		MOTHER	
FULL NAME	George Hogge	FULL MAIDEN NAME	Laura Edington
RESIDENCE	Salem	RESIDENCE	Salem
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	29
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 5th

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 11 56 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. R. Stupe, M.D.

(Physician or midwife)

Address Sugar City

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray N. Fisher

..... Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

2 certified Copies issued Jan. 22, 1941. E.W.

JUN 6 1975

413-102-022-651

Amended 3-14-66

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13059
Local Reg. No. 120
Reg. Dist. No. 9

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH

a. COUNTY: Fremont

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rudy

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Fremont

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rudy

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): George b. (Middle): F. c. (Last): Mattson

4. SEX: M.

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) March (Day) 2, (Year) 1913

FATHER OF CHILD

7. FULL NAME

a. (First): Frank b. (Middle): E. c. (Last): Mattson

8. AGE (At time of this birth): 23 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Idaho

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Amy b. (Middle): M. c. (Last): Weaver

13. AGE (At time of this birth): 20 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Wyoming

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 0

b. How many OTHER children were born alive but are now dead? 0

c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: H. A. Anderson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Rigby, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Form V. S. No. 11—10m-2-15-17

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Rudy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13059

Primary Registration District No. 2040 Registered No. 120

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Mch 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank E. Madsen	Amy M Weaver
RESIDENCE	Rudy	Rudy
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	23	20
BIRTHPLACE	Idaho	Wyo
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 240 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A Anderson

..... (Physician or midwife)

Address Rigby

Filed April 10 19 13 Ray E. Fisher Registrar

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MAR 1 4 1966

11-26, 1965

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
FEB 2 1966
Bureau of Vital Statistics

State of Idaho
County of Ada } ss.

Certificate No. 13059

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Madsen (Name on Original Certificate) who was born (Was Born or Died) on March 2, 1913 (Date of Event)
in Rudy (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	George F. Mattson
fathers name	Madsen	Mattson

Subscribed and sworn to before me this 26th day of November, 1965

Margaret Wolfgram

Notary Public, residing at Boise Idaho

My commission expires 9-1-68

(Seal)

Notary Public for Idaho

My Commission Expires 9-1-1968

X Signed Melbie Ormond Waters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

562 "I" street - Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

Bible Record gives name of child as George F. Mattson born March 2, 1913 in Idaho. -

Bible Record also lists father of child as Frank E. Mattson married to Amy Maude Weaver. Obviously old

Viewed by V. S.

L.D.S. Church Cert. of Membership, signed by J. Carl Ostler, Ward Clerk, gives full name as George Franklin Mattson, born March 2, 1913 at Rigby, Idaho to Frank E. Mattson and Maude Weaver - baptized Sept. 30, 1922, ~~wife~~ 1/2 Wife's full name is given as Lucille Melbie Waters - information taken from church membership records on file in the Bishop's office of the Moses Lake Ward, Moses Lake, Washington - viewed by V.S.

165-125-022-464

PLACE OF BIRTH

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ____ St.

Hospital ____

Registration District No. 9 File No. 13060

Primary Registration District No. 2040 Registered No. 119

FULL NAME OF CHILD Lawrence Irvin Jones

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Mch 25 1913

FATHER		MOTHER	
FULL NAME	Robert T. Jones	FULL MAIDEN NAME	Sylvia A. Doman
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Nebraska	BIRTHPLACE	Idaho
OCCUPATION	Newspaper Business	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 9 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson (Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 10 1913 Ray L. Fisher Registrar

S-Y CO 20175

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 2 0 1973

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
VITAL STATISTICS
JUN 16 10 23 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss.
County of Jefferson

Certificate No. 13060

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Jones (Male) (Name on Original Certificate) who was born (Was Born or Died) on March 25, 1913 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lawrence Irvin Jones

Subscribed and sworn to before me this 13 day of June, 1975

Notary Public, residing at Rigby Idaho
My commission expires 1 Sept 1978
(Seal)

Signed Richard G. Swenson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

267 N 3rd W Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of June, 1975

Notary Public, residing at Rigby Idaho
My commission expires 1 Sept 1978
(Seal)

Signed Arthur J Woodrine
(Signature of Any Credible Person)

239 Ronalda St. Rigby Idaho
(Street Address, City, State)

FORM DH 60-155

CL 5/23/75 1cc pd.

High school diploma from Rigby High school, rigby, High school gives name as Lawrence Irvin Jones. dated May 14, 1931. viewed by V. S.

JUL 9 1975

Certif. of birth from the LDS Church gives name as Lawrence Irvin Jones born March 25, 1913 at Rigby, Idaho. father's name given as Robert Irvin Jones and mother's name as Sylvia Ann Marie Doman. entered on record Sept. 6, 1913. viewed by V. S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the order of each, in order of birth stated.

613-117-022-893
Place of birth

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9

Primary Registration District No. 2040

File No. 15061

Registered No. 118

FULL NAME OF CHILD THAYNE HIX WATERS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			yes	March 17 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Claude S. Waters	Charlotte Hicks
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	28	25
BIRTHPLACE	Utah	Utah
OCCUPATION	Clerk	Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn), at 8 30 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 10 19 13 Ray N. Graham Registrar

8-Y CO. 20175

STATE OF IDAHO
AU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

PLACE OF BIRTH
County of

D FOR BINDING
THIS IS A PERMANENT RECORD
BE RETURN must be made for each and the number

MARGIN

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson

OCT 29 1941

Certificate No. 13061
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or death)
for Thayne Hix Waters (Name on original certificate) who was born (Was born or died) on March 17, 1913 (Date of event)
in Rigby, Idaho. (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by bible record (Bible record, insurance policy, etc.) prepared on or about date of birth (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Waters	Thayne Hix Waters
Thayne Hix Waters.	Thayne Hix Waters.	

Subscribed and sworn to before me this 28
day of October, 1941

Basil R. Bennett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9-1942
[SEAL]

Signed Charlotte Waters
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Rigby, Idaho.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 28
day of October, 1941

Basil R. Bennett
Notary Public, residing at Rigby, Idaho.
My commission expires Nov. 9th, 1942.
[SEAL]

Signed Virginia B. Glenn
(Signature of any credible person other than the previous affiant.)

Rigby-1, Idaho.
(Street Address, City, State)

Received for filing on By
(Registrar's signature)

ARN

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

796-107-22-26

PLACE OF BIRTH

County of Fresno

City of Fowler

No. _____ St.

Hospital _____

STATE OF CALIFORNIA — BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13062

Primary Registration District No. 2040 Registered No. 116

FULL NAME OF CHILD [redacted] RAY CLEO GROOM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes.	Apr 7 1933

FATHER		MOTHER	
FULL NAME	Percy Groom	FULL MAIDEN NAME	Della Short
RESIDENCE	Fowler	RESIDENCE	Fowler
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY (Years)	39	AGE AT LAST BIRTHDAY (Years)	33
BIRTHPLACE	England	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was a live (Born alive or stillborn) on the date above stated. at 12:45 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher, M.D.

(Physician or midwife)

Address Reedley

Given names added from a supplemental report

....., 19.....

Registrar

Filed Apr 10 1933 Ray H. Fisher

Registrar

S-Y CO. 20175

STATE OF IDAHO

BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDAN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Jefferson }

Certificate No. 13062

JAN 19 1942

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of (BIRTH OR DEATH)
for Groom (NAME ON ORIGINAL CERTIFICATE) who Born (WAS BORN OR DIED) on April 07 - 1913 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by family Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on at Birth (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed Groom	Ray Cleo Groom
Ray Cleo Groom	Born April 7-1913	
at Jenkins now	Rigby Idaho R2	

Subscribed and sworn to before me this 16
day of January, 1942.

Perey Groom
Notary Public, residing at Rigby Idaho
My commission expires April 7-1943
(SEAL)

Signed Della Groom
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)
Rigby Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Jefferson }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17
day of January, 1942.

Bobbie L. Bennett
Notary Public, residing at Rigby Idaho
My commission expires Nov 9th 1942
(SEAL)

Signed Perey Groom
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)
Rigby Idaho
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 19 1942 By
(REGISTRAR'S SIGNATURE)

1942

DEPARTMENT OF

FEB 5 1951

MAY 19 1976

415-124-022-415

PLACE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

FULL NAME OF CHILD ~~Not named~~ Wesley Pitt Davis

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11—10m-2-15-12

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13063

Primary Registration District No. 2040 Registered No. 195

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
Male	—	—	yes	Mar. 24 (Month) (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	John Davis	FULL MAIDEN NAME	Olive Francis Davis
RESIDENCE	Rigby.	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	30 (Years)	AGE AT LAST BIRTHDAY	25 (Years)
BIRTHPLACE	Neb.	BIRTHPLACE	Idaho.
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Ida.

Given names added from a supplemental report

..... 19.....

Filed Apr. 10 19 13 Roy H. Tucker Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUN 18 1957

Certified copy issued 2-5-1941. dp

231-120-022-231

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13064

County of Fremont

City of Swan Valley / Lewisville

No. ..... St.

Registration District No. 9 File No. .....

Primary Registration District No. 2040 Registered No. 117

Hospital .....

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	2 - 20 - 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Abram Statin	Edna Statin
RESIDENCE	Swan Valley	Swan Valley
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	19
BIRTHPLACE	Idaho	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 Noon M. on the date above stated.

(Signature) R. D. Tucker

..... (Physician or midwife)

Address Lewisville

Filed Apr 10 19 13 Ray ..... Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

313-201-022-295

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-18

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. [redacted] St.

Hospital

Registration District No. 9

Primary Registration District No. 2040

File No. 13066

Registered No. 121

FULL NAME OF CHILD

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	March 1 1913

FATHER		MOTHER	
FULL NAME	Wm A Tall	FULL MAIDEN NAME	Belle Kingham
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	31 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Salesman	OCCUPATION	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 11 o'clock A. M. on the date above stated.

(Signature) W A Anderson

(Physician or midwife)

Address Rigby

Filed Apr 10 1913 Ray Fisher Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

.....19.....

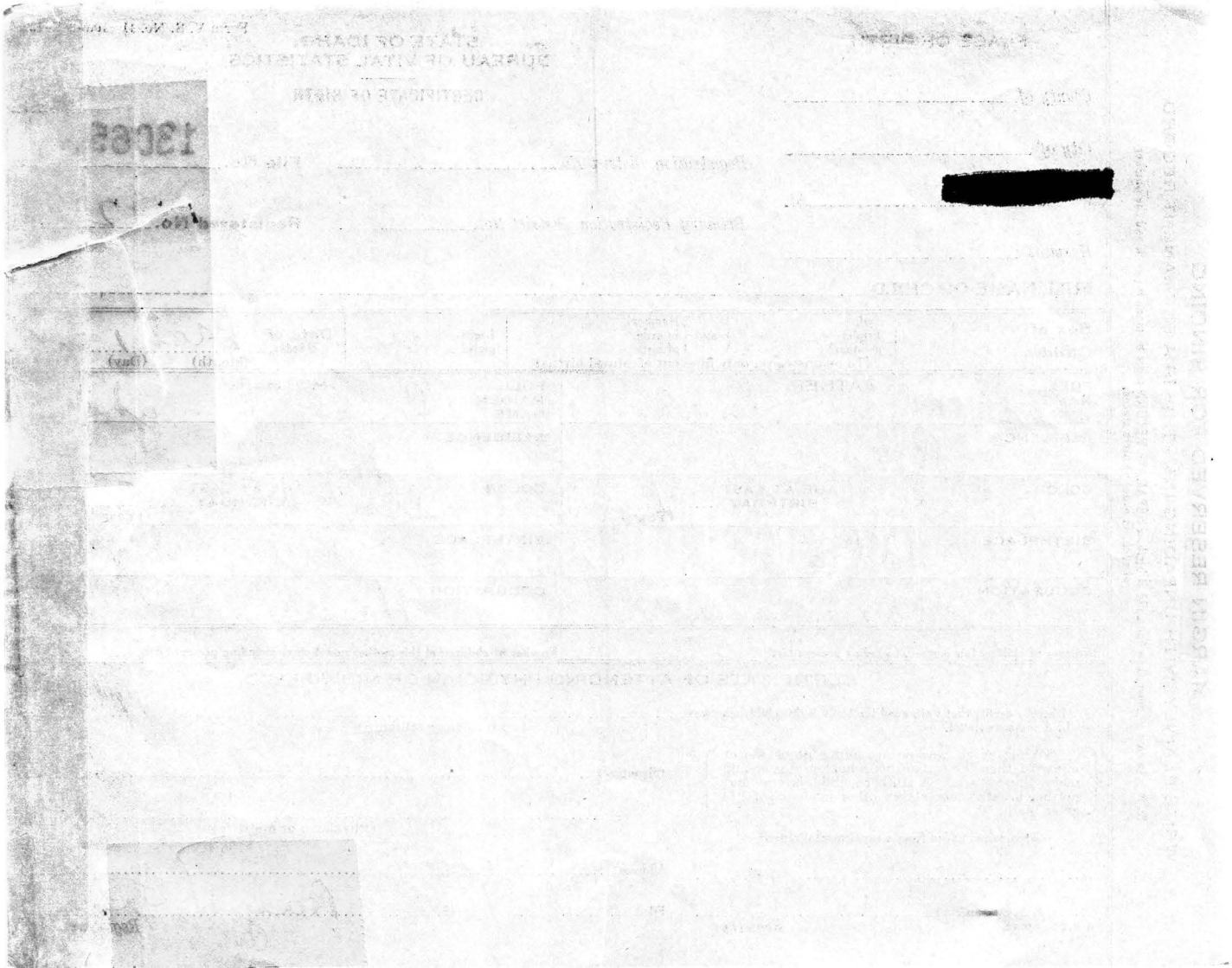
.....Registrar

5-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



465-106-422-365

PLACE OF BIRTH

County of Fremont

City of Rigby

No. _____ St.

Hospital _____

[redacted] Form 2-15-12

BUREAU OF [redacted]

CERTIFICATE OF [redacted]

Registration District No. 9 File No. 13066

Primary Registration District No. 2040 Registered No. 122

FULL NAME OF CHILD ALVIN KENNETH MONTAGUE

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Apr 6 1913

FATHER		MOTHER	
FULL NAME	Merrill S. Montague	FULL MAIDEN NAME	Laura A. Conk
RESIDENCE	Menan	RESIDENCE	Menan
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY	47 (Years)	AGE AT LAST BIRTHDAY	40 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 11

Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was (Born alive or ~~stillborn~~) at 11:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A. Anderson (Physician or ~~midwife~~)

Address Rigby Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

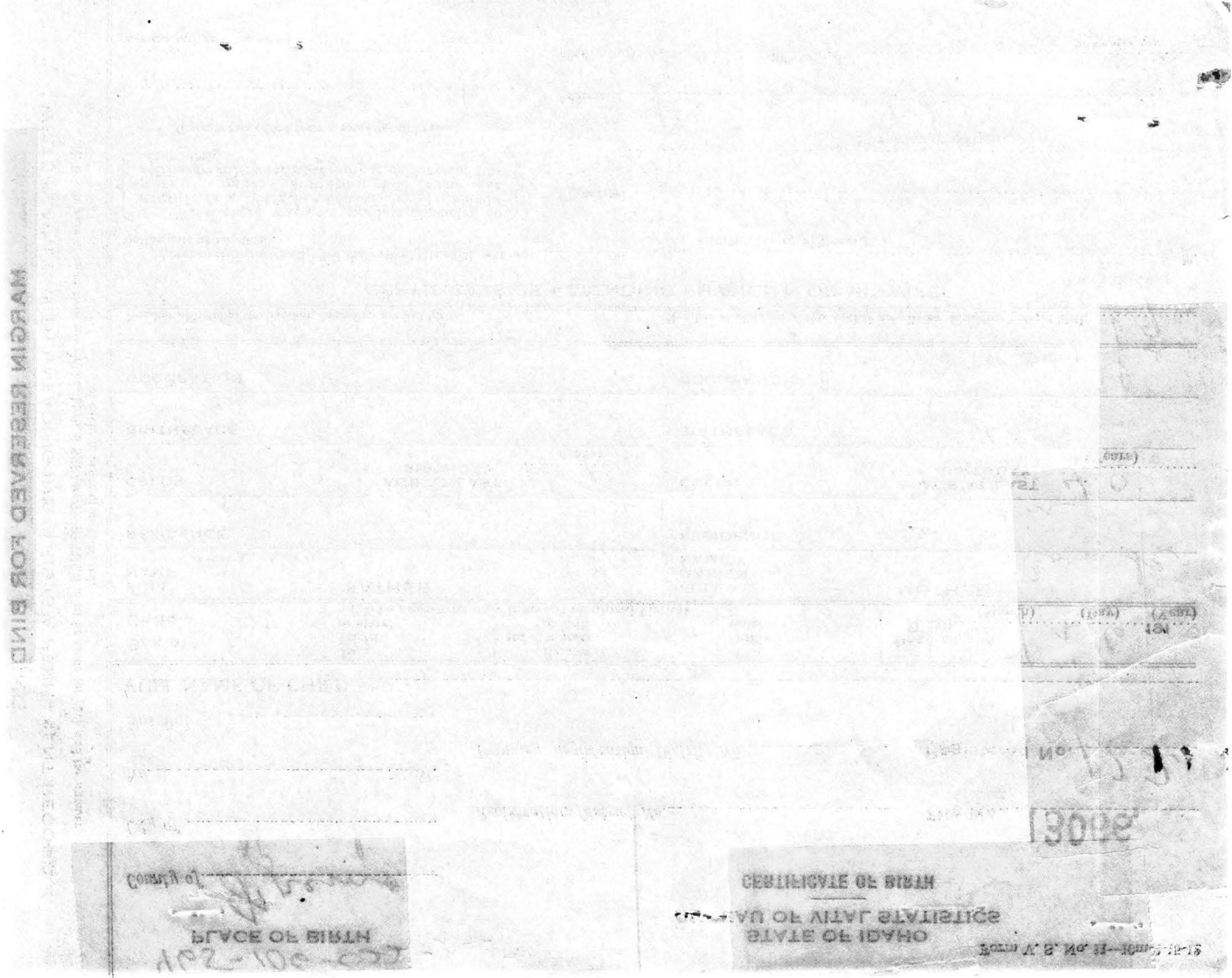
Filed Apr 10 19 13 Ray H. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of California } ss.
County of Los Angeles }

Certificate No. 13066

Date Filed MAR 25

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for ____ (Name on Original Certificate) who ____ (Was Born or Died) on ____ (Date of Event)

in ____ (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ____ (Bible Record, Insurance Policy, Etc.) prepared on ____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	Alvin Kenneth Montague

Subscribed and sworn to before me this 17th day of March, 1942

W H Gleman

Notary Public, residing at Santa Monica Calif

My commission expires August 20, 1942

(Seal)

Signed Tyle M. Montague

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

I am a brother now of the age of 41 years

1308 Amherst ave West Los Angeles, Calif.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ____ } ss.
County of ____ }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ____ day of ____, 19____

Notary Public, residing at ____

My commission expires ____

(Seal)

Signed ____

(Signature of Any Credible Person Other Than Previous Year)

(Street Address, City, State)

593-101-022-917

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13067

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. .....

Primary Registration District No. 2040 Registered No. 122

FULL NAME OF CHILD Therald Eugene Nichols

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Apr 1 1913

FATHER		MOTHER	
FULL NAME	Arthur Nichols	FULL MAIDEN NAME	Ellen D. Rapp
RESIDENCE	Rigby R.D.	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	33	AGE AT LAST BIRTHDAY (Years)	31
BIRTHPLACE	Utah	BIRTHPLACE	S. Dakota
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at 6 15 a M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Anderson

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray V. Fisher

..... Registrar

Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 1 6 1967

2-29-68

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 7 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 13067

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Nichols (Name on Original Certificate) who was born (Was Born or Died) on April 1, 1913 (Date of Event)
in Rigby (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
childs name	Unnamed	Therald Eugene Nichols

Subscribed and sworn to before me this 29 day of February, 1968.

Wendy L. Sturlbert
Notary Public, residing at Eagle Idaho
My commission expires Sept. 28, 1968
(Seal)

Signed Opal B. Nichols
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

2929 Van Buren Ogden, Ut.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person)

.....
(Street Address, City, State)

Own childs birth certificate on file with state of Idaho, # 228162 gives name of father as Therold Eugene Nichols. Child born Sept. 21, 1934
Viewed by V. S.

APR 1 1968

Social Security Card, Account Number 518-10-7767, gives name as Therald Eugene Nichols, date issued October 19, 1937 - viewed by V.S.

764-126-022-55

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Labelle

No. ____ St.

Hospital ____

Registration District No. 9 File No. 13068

Primary Registration District No. 2040 Registered No. 125

FULL NAME OF CHILD Gough

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Feb 26 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Wm J. Gough	FULL MAIDEN NAME	Marinda Jenkins
RESIDENCE	Labelle	RESIDENCE	Labelle
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	38	AGE AT LAST BIRTHDAY (Years)	38
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	House wife

Number of child of this mother, including present birth 6 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 3 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W A Anderson

(Physician or ~~midwife~~)

Address Rigby

Given names added from a supplemental report

....., 19.....

Filed Apr 10 19 13 Ray H Graham
Registrar

.....
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

863-117-022-993

Amended 11-6-67

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13069
Local Reg. No. 163
Reg. Dist. No. 9

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Fremont
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Roberts
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Camas
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Earl
b. (Middle): LaRue
c. (Last): Holden

4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLET (This child born)	6. DATE OF BIRTH (Month) (Day) (Year)
M.	SINGLE X TWIN ____ TRIPLET ____	1st ____ 2nd ____ 3rd ____	March 17, 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Vernon
b. (Middle): H.
c. (Last): Holden

8. AGE (At time of this birth)	9. BIRTHPLACE (State or foreign country) (City or Town)	10. USUAL OCCUPATION	11. KIND OF BUSINESS OR INDUSTRY
26 YEARS	Utah	Farmer	

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Nellie
b. (Middle):
c. (Last): Richardson

13. AGE (At time of this birth)	14. BIRTHPLACE (State or foreign country) (City or Town)	15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)		
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many children were stillborn (born dead after 20 wks. pregnancy?)
21 YEARS	Utah	0	1	

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Earl Dpries

18. ATTENDANT AT BIRTH: M.D. ____ MIDWIFE ____ OTHER (Specify) D.O.

19. ADDRESS: Roberts, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 10, 1913

22. REGISTRAR'S SIGNATURE: Ray H. Fisher

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
OCT 13 1967
Bureau of Vital Statistics

State of Idaho
County of Bannock } ss.

Certificate No. 13069

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Train Larew Holden (Name on Original Certificate) who was born (Was Born or Died) on March 17, 1913 (Date of Event)
in Roberts, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Mothers knowledge (Bible Record, Insurance Policy, Etc.) prepared on 11th Oct - 67 (Give Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Train Larew Holden	Earl LaRue Holden

Subscribed and sworn to before me this 11th day of October, 19 67

Dana Dagger

Notary Public, residing at Pocatello Idaho

My commission expires July 25, 1969

(Seal)

Signed Nellie J. McDonald
(Signature of parent ~~or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record;~~ or other credible person.)

340 W. Wyeth Pocatello Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Bannock } ss.

[This Affidavit MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 11th day of October, 19 67

Dana Dagger

Notary Public, residing at Pocatello Idaho

My commission expires July 25, 1969

(Seal)

Signed John C. Richardson Uncle
(Signature of Any Credible Person)

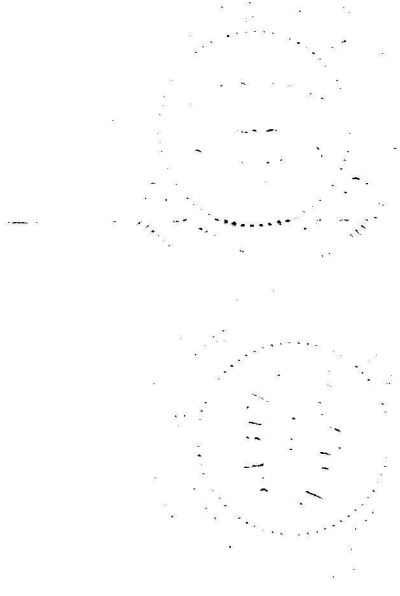
281 Randolph, Pocatello Idaho
(Street Address, City, State)

CL 10-5-67. one copy pd. rec. #19771.

FORM DH 60-155

Child's Birth Cert. on file: (Idaho Birth) #438310 gives full namd of father as Earl LaRue Holden - viewed by V.S.

Cert. Copy of Marriage Certificate, State of Utah, County of Cache, married March 13, 1937 at Logan, Utah gives full name of groom as Earl LaRue Holden and full name of bride as Josephine Ello Haight - viewed by V.S. ~~####~~ copy issued April 24, 1944



Form V. S. No. 11—10m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Fremont

City of Roberts

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 9

Primary Registration District No. 2040

File No. 13069

Registered No. 163

FULL NAME OF CHILD Irene Fawn Holden

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and (Number in order of birth)	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	March 17 1913

FATHER

FULL NAME Vernon H. Holden

RESIDENCE Camas Ida

COLOR W AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Utah

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Nellie Richardson

RESIDENCE Camas

COLOR W AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Utah

OCCUPATION Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~) at 2:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Earl D. Price

Osteopathic (Physician or ~~midwife~~)

Address Roberts

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr. 10 19 13 Ray H. Lee Registrar

S-Y CO. 20175

AUG 30 1967

NOV 6 1967

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

298-209-022-295

PLACE OF BIRTH

Form V. S. No. 11—10m-3-15-13

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13070

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. .....

Primary Registration District No. 2040 Registered No. 124

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	yes	Apr 4 1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lewis M. Bryan	FULL MAIDEN NAME	Margaret Kinghorn
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	32
BIRTHPLACE	Utah	BIRTHPLACE	Utah
OCCUPATION	Sales agent	OCCUPATION	Housewife

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 11:40 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H. A Anderson

(Physician or ~~midwife~~)

Address Rigby

Filed Apr 10 1913 Ray H Frahm
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20175

Form V. S. No. 11—10m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

714-21-022-845

PLACE OF BIRTH

County of Fremont

City of Lewisville

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13071

Primary Registration District No. 2040 Registered No. 169

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M		yes	3 - 11 - 13

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Levi Poulson	Eva Hunter
RESIDENCE	Lewisville	Lewisville
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	26	23
BIRTHPLACE	Utah	Idaho
OCCUPATION	Laborer	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 4a M. on the date above stated.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Filed Apr 2 19 13 Ray N. Fisher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____
Registrar

S-Y CO. 20178

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SAVED FOR BINDING

Amended 8-29-56

PLACE OF BIRTH

315-230-0222-685

County of Fremont

City of Grant

No. ..... St.

Hospital .....

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13072

Primary Registration District No. 2040 Registered No. 170

FULL NAME OF CHILD Bernice Taylor

(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	Jan. 30, 1913

What bactericidal solution was used in eyes? .....

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER	MOTHER
FULL NAME: Lyman Taylor	FULL MAIDEN NAME: Rachel Field
RESIDENCE: Grant	RESIDENCE: Grant
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 24 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Idaho	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Give names added from a supplemental report.

....., 192.....

..... Registrar.

(Signature) R. D. Tucker

M. D.

(Physician or midwife)

Address Lewisville

Filed April 10 1913 Ray H. Fisher

Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11—10m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Grant

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13072

Primary Registration District No. 2040 Registered No. 170

FULL NAME OF CHILD Bernice Taylor

Sex of Child	Twin, Triplet or other?	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—		—	yes	1-18-1913

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Lyman Taylor	FULL MAIDEN NAME	Rachel Field
RESIDENCE	Grant	RESIDENCE	Grant
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	24	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Idaho	BIRTHPLACE	Utah
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____, at 8 a M. on the date above stated.

(Born alive or ~~stillborn~~)

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Filed April 10 19 13 Ray H. Tucker

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

OCT 7 1953

AUG 29 1956

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Jefferson } ss.

Certificate No. 13072

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Bernice Taylor (Name on Original Certificate) who was born (Was Born or Died) on Jan 30, 1913 (Date of Event)
in Grant, Idaho (Place of Event) are erroneous ~~or were omitted~~; and that, to the best of his knowledge, the
true facts are shown by Certificate of Blessing (Bible Record, Insurance Policy, Etc.) prepared on April 6, 1913 (Give Date), are:
Certificate of Baptism Aug. 7, 1921 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Jan 18, 1913	January 30, 1913

Subscribed and sworn to before me this 31 day of July, 19 36
J. Paul Rothwell
Notary Public, residing at Rigby, Idaho
My commission expires Nov 1, 1939
(Seal)

Signed: Mrs Rachel Taylor
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Route 2, Idaho Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 31 day of July, 19 36
J. Paul Rothwell
Notary Public, residing at Rigby, Idaho
My commission expires Nov 1, 1939
(Seal)

Signed: Leone Randall
(Signature of Any Credible Person)
Rt 2, Idaho Falls, Idaho
(Street Address, City, State)

312-122-022-796

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

AMENDED 1/7/46 CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville

No. ____ St.

Hospital ____

Registration District No. 9 File No. 13073

Primary Registration District No. 2040 Registered No. 171

FULL NAME OF CHILD Milan Melvin Casper
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			Yes	Febr. 22, 1913

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

FATHER		MOTHER	
FULL NAME	Melvin Casper	FULL MAIDEN NAME	Nancy Grover
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker
(Physician or midwife)

Address Lewisville, Idaho

Give names added from a supplemental report.

....., 192.....

..... Registrar.

Filed Apr. 10, 1913 Ray H. Fisher
Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

13073

County of Fremont

City of Lewisville — Registration District No. 9 — File No.

No. ____ St.

Primary Registration District No. 2040 — Registered No. 171

Hospital

FULL NAME OF CHILD Myles Melvin Casper

Sex of Child	Twin, Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	— (To be answered only in event of plural births)	—	yes	2 - 20 - 1913

FATHER		MOTHER	
FULL NAME	Melvin Casper	FULL MAIDEN NAME	Nancy Grover
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	21	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 1st — Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

(Physician or midwife)

Address Lewisville

Filed Apr 10 19 13 — Ray H. Fisher, Registrar

Given names added from a supplemental report

....., 19.....

....., Registrar

S-Y CO. 20175

Form V. S. No. 11—1934-5-15-2

STATE OF IDAHO

DEPARTMENT OF VITAL STATISTICS

CERTIFICATE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho
County of Clark } ss.

Certificate No. 13073
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mylen Melvin Casper (Name on Original Certificate) who born (Was Born or Died) on February 20, 1913 (Date of Event)
in Lewisville, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by affidavit below (Bible Record, Insurance Policy, Etc.) prepared on Dec. 31 1945 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Mylen Melvin Casper	Milan Melvin Casper
Date of Birth	February 20, 1913	February 22, 1913

Subscribed and sworn to before me this Dec 31
day of December, 1945.
C.W. Hardy
Notary Public, residing at Spencer Idaho
My commission expires July 18 1948
(Seal)

Signed George Fulton Casper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Spencer, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Jefferson } ss.

[This Affidavit **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws,)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.
Subscribed and sworn to before me this 2nd
day of January, 1946.
Notary Public, residing at Driggs Idaho
My commission expires 4-6-1947
(Seal)

Signed Laura N. Casper
(Signature of Any Credible Person)
Rigby, Idaho
(Street Address, City, State)

JAN 8 194

533-102-022-13

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Lewisville Registration District No. 9 File No. 13074

No. ..... St. Primary Registration District No. 2040 Registered No. 173

Hospital .....

FULL NAME OF CHILD Allen Edgar Ellsworth

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	2 - 2 - 1913

FATHER		MOTHER	
FULL NAME	Loval E. Ellsworth	FULL MAIDEN NAME	Gertrude Allen
RESIDENCE	Lewisville	RESIDENCE	Lewisville
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	25	AGE AT LAST BIRTHDAY (Years)	24
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3rd

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 9 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) R. D. Tucker

..... (Physician or midwife)

Address Lewisville

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 3 1913 Ray W. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 3 1942

RESERVED FOR BINDING

693-104-022-255

PLACE OF BIRTH

County of Fremont

City of Roberts

No. ____ St.

Hospital ____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13075

Primary Registration District No. 2040 Registered No. 174

FULL NAME OF CHILD Wallace Hugh Williams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Apr 4 1913

FATHER		MOTHER	
FULL NAME	Ray Williams	FULL MAIDEN NAME	Alice Kendrick
RESIDENCE	Camas	RESIDENCE	Camas
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	26	AGE AT LAST BIRTHDAY (Years)	25
BIRTHPLACE	Idaho	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~) at 3 P. M. on the date above stated.

(Signature) Katherine Balmer

(~~Physician~~ or midwife)

Address Roberts

Filed Apr 10 19 13 Ray N. Fisher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 2 8 1969

259-207-022-556

PLACE OF BIRTH

County of Iroquois

City of Rugby

No. ..... St.

Hospital .....

[redacted] BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13076

Primary Registration District No. 2040 Registered No. 175

FULL NAME OF CHILD HELEN BERTRAM

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Apr 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Bertram	Margaret Newhirter
RESIDENCE	Rugby	Rugby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	30	27
BIRTHPLACE	Ill	Ill
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 4 P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray W. Frahm

(Physician or midwife)

Address Rugby

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray W. Frahm

Registrar

..... Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

City of

FOR BINDING

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Illinois } ss.
County of Kendall

Certificate No. 13076
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or death)
for (Unnamed Bertram (Name on original certificate) who was born (Was born or died) on April 7, 1913 (Date of event)
in Rigby, Idaho (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Bible record (Bible record, insurance policy, etc.) prepared on April 1913. (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Name	Unnamed Bertran	Helen Bertram
(I am the mother	of said child and her name is Helen Bertram)	

Subscribed and sworn to before me this 14th
day of November, 19 41

George Mewhirter
Notary Public, residing at Yorkville, Illinois.
My commission expires April 29, 1945.
[SEAL]

Signed Margaret Bertram
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
mother of Helen Bertram
Bristol, Illinois
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Illinois } ss.
County of Kendall

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 14th
day of November, 19 41.

George Mewhirter
Notary Public, residing at Yorkville, Ill.
My commission expires April 29, 1945.
[SEAL]

Signed John B. Bertram
(Signature of any credible person other than the previous affiant.)
Bristol, Illinois.
(Street Address, City, State)

Received for filing on By

314-117-022-667

PLACE OF BIRTH

County of Fremont

City of Rigby

No. _____ St.

Hospital _____

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13077

Primary Registration District No. 2040 Registered No. 176

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day)
M	—	—	yes	March 17, 13

FATHER		MOTHER	
FULL NAME	Stillman Campbell	FULL MAIDEN NAME	Ann Fox
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	W	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Utah	COLOR	W
OCCUPATION	Farmer	AGE AT LAST BIRTHDAY (Years)	25
		BIRTHPLACE	Idaho
		OCCUPATION	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 7:15 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray W. Fisher

(Physician or midwife)

Address Rigby

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed April 10 19 13 Ray W. Fisher Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

39-121-02-318

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Grant

Registration District No. 9 File No. 13078

No. ..... St.

Primary Registration District No. 2040 Registered No. 172

Hospital .....

FULL NAME OF CHILD Erwin Harold Clifford

Sex of Child	Twin Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	March 2, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Eli Clifford	Almeda Taylor
RESIDENCE	Grant	Grant
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	31	24
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4th

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or ~~stillborn~~), at 9 a. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

(~~Physician~~ or midwife)

Address Rigby R.D. #1

Given names added from a supplemental report

..... 19.....

Filed Apr 10 19 13 Ray W. Graham
Registrar

..... Registrar

S-Y CO. 20175

NAME
CHANGE

NOT

DUP OF 1913-054-375

818-227-022-859

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... *St.*

Hospital .....

Registration District No. 9 **File No.** 13080

Primary Registration District No. 2040 **Registered No.** 186

FULL NAME OF CHILD Margaret Haywood

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	Mar 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Haywood	Annie E. Yeates
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	32	32
BIRTHPLACE	England	Utah
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray N. Fisher

(Physician or midwife)

Address Rigby

Filed Apr 10 19 13 Ray N. Fisher
Registrar

Given names added from a supplemental report

..... 19.....

.....
Registrar

S-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1966

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAY 19 1969
Bureau of Vital Statistics

State of Utah
County of Salt Lake } ss.

Certificate No. 13080

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Haywood (Name on Original Certificate) who was born (Was Born or Died) on March 27, 1913 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Child	Not given	Margaret Haywood

Subscribed and sworn to before me this 12 day of May, 19 69

Charles L Coone

Notary Public, residing at Salt Lake City, Utah

My commission expires Sept 10, 1972

(Seal)

Signed [signature] (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Salt Lake } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of May, 19 69

Charles L Coone

Notary Public, residing at Salt Lake City, Utah

My commission expires Sept. 10, 1972

(Seal)

Signed Louis D Monson (Signature of Any Credible Person)

(Street Address, City, State)

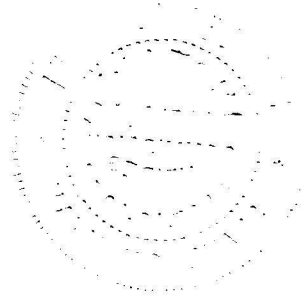
FORM DH 60-155

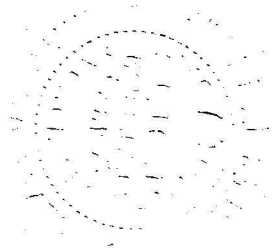
L-5-7-69

MAY 19 1969

photocopy of Certificate of Baptism and Confirmation dated June 3, 1923 gives name as Margaret Haywood born March 27 at Rigby, Idaho to John Haywood and Annie Yeiter. Baptized June 3, 1923. viewed by V.S.

Family record Sheet gives name as Margaret Haywood born March 27, 1913 at Rigby, Idaho. Married Oct 1, 1940. viewed by V.S.





818-127-02-339

PLACE OF BIRTH

STATE OF [redacted]
BUREAU OF VITAL [redacted]
CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

Registration District No. 7 File No. 13081

No. ____ St.

Primary Registration District No. 2040 Registered No. 181

Hospital ____

FULL NAME OF CHILD Archie Leroy Hayes

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	—	yes	Mar 27 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Fred Hayes	Harriet Clifford
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	40	27
BIRTHPLACE	Utah	Idaho
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive or ~~stillborn~~), at 9:30 P. M. on the date above stated.

(Signature) Ray H. Fisher

(Physician or ~~midwife~~)

Address Rigby

Filed Apr 1 1913 Ray H. Fisher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

____ 19____

____ Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

APR 8 1944 STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho }
County of Jefferson } ss.

Certificate No. 13081

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Archie LeRoy Hayes (Name on Original Certificate) who Born (Was Born or Died) on March 27 1913 (Date of Event)
in Rigby Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Bible Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Archie Leroy Hayes		Archie Leroy Hayes —
name	none given	Archie Leroy Hayes

Subscribed and sworn to before me this 5th
day of April, 1944

A. L. Smith

Notary Public, residing at Rigby Idaho

My commission expires Residing at Rigby, Idaho
(Seal) My Commission Expires Feb. 3, 194

Signed Lucinda Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Box 277 Rigby Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho }
County of Jefferson } ss.

[This Affidivat MUST Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th
day of April, 1944

A. L. Smith

Notary Public, residing at Residing at Rigby, Idaho

My commission expires My Commission Expires Feb. 3, 1947
(Seal)

Signed Dell Clifford
(Signature of Any Credible Person Other Than Previous Year)

Rigby Idaho
(Street Address, City, State)

141-231-022-412

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. 13082

Primary Registration District No. 2040 Registered No. 188

FULL NAME OF CHILD Thelma DaBell Adams

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	March 31 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Leo Adamson	Clara Dabell
RESIDENCE	Rigby	Rigby
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	24	22
BIRTHPLACE	Idaho	Idaho
OCCUPATION	Barber	Housework

Number of child of this mother, including present birth 1st

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 11 55 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 10 1913 Ray W. Fisher

..... Registrar

S-Y CO. 20175 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JAN 1 4 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED VITAL STATISTICS FEB 24 12 05 PM '75

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13082

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Adams (female) (Name on Original Certificate) who was born (Was Born or Died) on March 31, 1913 (Date of Event)
in Rigby, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by CERTIFICATE OF BLESSING & CONFIRMATION (Bible Record, Insurance Policy, Etc.) prepared on 6 AUGUST 1921 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Thelma DaBell Adams

Subscribed and sworn to before me this 8th day of February, 1975

Notary Public, residing at Lynndyl, Utah

My commission expires MY COMMISSION EXPIRES NOV. 25, 1975 (Seal)

Signed Lorraine Stephensen
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

P.O. Box 216 Lynndyl Utah 84640
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of UTAH } ss.
County of MILLARD }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of February, 1975

Notary Public, residing at Lynndyl, Utah

My commission expires MY COMMISSION EXPIRES NOV. 25, 1975 (Seal)

Signed Lorraine Stephensen
(Signature of Any Credible Person)

P.O. Box 216 Lynndyl Utah 84640
(Street Address, City, State)

FORM DH 60-155 CL 1/14/75

Certificate of Blessing from the LDS Church gives name as Thelma Dabell Adams daughter of Leo Adams and Clara Dabell. Born March 31, 1913 at Rigby, Idaho. Was Blessed May 5, 1913. viewed by V. S.

MAR 17 1975

Certif. of Baptism and Confirmation from the LDS Church gives name as Thelma Dabell Adams daughter of Leo L. Adams and Clara Dabell. Born March 31, 1913 at Rigby, Idaho. Was Baptized Aug. 6, 1921. viewed by V. S.

865-230-022-234

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13083

County of Fremont

City of Labelle

No. ..... St.

Registration District No. 9 File No. .....

Primary Registration District No. 2040 Registered No. 189

Hospital .....

FULL NAME OF CHILD Isabel Holland

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
F	—	—	yes	March 30 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	John Holland	Anna Stuker
RESIDENCE	Labelle	Labelle
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	51	31
BIRTHPLACE	Utah	Switzerland
OCCUPATION	Farmer	Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 9 A. M. on the date above stated.

(Signature) Ray W. Fisher

(Physician or midwife)

Address Rigby Ida

Filed Apr 10 1913 Ray W. Fisher
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

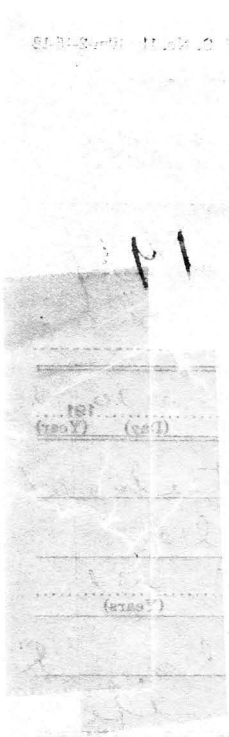
..... Registrar

8-Y CO. 20175

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



497-131-02-796

PLACE OF BIRTH

Form V. S. No. 11—10m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby R. D.

No. ..... St.

Registration District No. 9 File No. 13084

Primary Registration District No. 2040 Registered No. 191

Hospital .....

FULL NAME OF CHILD Curtis D. Dixon

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	May 31 1913

FATHER		MOTHER	
FULL NAME	S. D. Dixon	FULL MAIDEN NAME	Ida Le Groan
RESIDENCE	Rigby	RESIDENCE	Rigby
COLOR	Black	COLOR	Black
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	Kansas	BIRTHPLACE	Kansas
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 1:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Ray H. Fisher

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr. 10 19 13 Ray H. Fisher M.D.

..... Registrar

8-Y CO. 20175 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAY 5 1961

PLACE OF BIRTH

County of

RESERVED FOR BINDING

281-127022-314

PLACE OF BIRTH

Form V. S. No. 11-C—20m-8-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Fremont

City of Rigby

No. ..... St.

Hospital .....

Registration District No. 9 File No. 13085

Primary Registration District No. 2040 Registered No. 193

FULL NAME OF CHILD Harold Leo Shanks

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	March, 27, 1913

FATHER	MOTHER
FULL NAME: Joseph Shanks	FULL MAIDEN NAME: Minnie M. Lambourne.
RESIDENCE: Rigby.	RESIDENCE: Rigby
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 43 (Years)	AGE AT LAST BIRTHDAY: 32 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Utah.
OCCUPATION: ~~Farmer~~	OCCUPATION: Housewife.

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive. (Born alive or stillborn) at 11.00 PM. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Rigby, Idaho.

Filed Apr. 10, 1913 Knight Fisher Registrar

..... Registrar

S-Y CO. 20174

Amd.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—Rev. 2-15-

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Fremont

699-221-033-293

PLACE OF BIRTH

County of Fremont.

City of Rigby.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 9 File No. 13086

Primary Registration District No. 2040 Registered No. 194

FULL NAME OF CHILD NAOMI WRIGHT

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			Yes	March 21 1913

FATHER	MOTHER
FULL NAME Wallace B. Wright	FULL MAIDEN NAME Clara Bills.
RESIDENCE Rigby	RESIDENCE Rigby.
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 24 (Years)	AGE AT LAST BIRTHDAY 23 (Years)
BIRTHPLACE Utah.	BIRTHPLACE Utah.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3.00 A.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. M. Palmer

..... (Physician or midwife)

Address Rigby, Ida.

Given names added from a supplemental report

..... 19.....

Filed April 10 1913 Ray H. Fisher Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-8

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

Township

B

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 13086

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Naomi Wright (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on March 21st 1913 (DATE OF EVENT)
in (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Naomi Wright

Subscribed and sworn to before me this 23
day of Nov, 1942

O W Bills

Notary Public, residing at Blackfoot Ida

My commission expires My 20th 43
(SEAL)

Signed Wallace B. Wright
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 24
day of November, 1942

E. P. Morgan

Notary Public, residing at Blackfoot Idaho

My commission expires July 10, 1943
(SEAL)

Signed D. J. Noack
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

95 So Broadway
(STREET ADDRESS, CITY, STATE)
Blackfoot, Idaho

Received for filing on By
(REGISTRAR'S SIGNATURE)

DEC 2 1942

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Sunnyside 219-228-9/20-245 No. ____, ____ St.

Registration District No. 20

File No. 13088

Primary Registration District No. 2020

Registered No. 27

Hospital

FULL NAME OF CHILD Doris Marie Barber

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	Apr 28, 1913

FATHER		MOTHER	
FULL NAME	Leonard V. Barber	FULL MAIDEN NAME	Bertha Smith
RESIDENCE	Sunnyside	RESIDENCE	Sunnyside
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY (Years)	20	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Minn	BIRTHPLACE	S. Dakota
OCCUPATION	Rancher	OCCUPATION	Wife

Number of child of this mother, including present birth: one

Number of children, of this mother, now living, including present birth: one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician (Physician or ~~Midwife~~)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Filed 4/30 1913 B. W. Mather Registrar

.....

Registrar

S-Y CO., 16670

JUL 8 1942

859-205-020-168

PLACE OF BIRTH

County of Elmore

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

City of King Hill — Registration District No. 20 — File No. 13089

No. ____, ____ St. — Primary Registration District No. 2021 — Registered No. 29

Hospital ____

FULL NAME OF CHILD Esther Zorainr Heidenreich

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	1	yes	April 5th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Silas Heidenreich	Anna C. Johnson
RESIDENCE	King Hill	King Hill
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	32	23
BIRTHPLACE	America	America
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive April 5 1913, at 4 a M. on the date above stated.
(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.
Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed April 6th 1913 J. W. Davis
Registrar

S-Y CO., 16670

Registrar

B W Mathes

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAR 31 1949

845-124-020-445

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 20 File No. 13090

Primary Registration District No. 2021 Registered No. 34

FULL NAME OF CHILD Donald Maxwell Huntzinger

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	3	yes	April 24th, 1913

FATHER	MOTHER
FULL NAME: Frank H. Huntzinger	FULL MAIDEN NAME: Elva Duncan
RESIDENCE: Glenn's Ferry	RESIDENCE: Glenn's Ferry.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: America	BIRTHPLACE: America
OCCUPATION: Car Repairer	OCCUPATION: Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive April 24th 1913, at 12 M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) J. W. Davis M. D.

Physician

(Physician or ~~Midwife~~)

Address Glenn's Ferry Idaho

Filed April 24th 1913 J. W. Davis M. D. Registrar

Ent B. W. Walker

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 8 1974

452-224-020-249

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Elmore

City of Mountain Home Registration District No. 20 File No. 13091

No. ____, ____ St. Primary Registration District No. 2020 Registered No. 28

Hospital —

FULL NAME OF CHILD Elva Lorene Meserole

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	4, 24, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Alvin Meserole	Alma Smith
RESIDENCE	King Hill	King Hill
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	23
BIRTHPLACE	Miss.	Ill.
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~) at 11 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. S. Hawley

Physician

(Physician or ~~Midwife~~)

Address Mountain Home

Filed 4/30 1913 B. W. Mathews Registrar

Given names added from a supplemental report

....., 19.....

..... Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

JAN 29 1943

DECEASED

469-116-020-613

PLACE OF BIRTH

STATE OF IDAHO — Form V. S. No. 11-C
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

County of Elmore

City of Glenn's Ferry — Registration District No. 20 — File No. 13092

No. ____, ____ St. — Primary Registration District No. 2021 — Registered No. 31

Hospital ____

FULL NAME OF CHILD Roy Lee Morse

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	3	yes	April 16, 1913

FATHER		MOTHER	
FULL NAME	Albert J. Morse	FULL MAIDEN NAME	Jesse Watkins
RESIDENCE	Glenn's Ferry	RESIDENCE	Glenn's Ferry
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	24 (Years)
BIRTHPLACE	America	BIRTHPLACE	America
OCCUPATION	Watchman (R. R.)	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive April 16th 1913, at 2 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician
(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed April 16th 1913 J. W. Davis M. D.
Registrar

S-Y CO., 16670 Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

AUG 17 1953

913-119-020-469

PLACE OF BIRTH

Form V. S. No. 11-C [illegible]-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13093

County of Elmore

City of Glenn's Ferry Registration District No. 20 File No.

No. ....., ... St.

Primary Registration District No. 2021 Registered No. 32

Hospital .....

FULL NAME OF CHILD ~~Xxxxxxxxxxxx~~ Boyd Lester Rasmussen

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	Single (To be answered only in event of plural births)	1	yes	Apr. 19th 1913

FATHER	MOTHER
FULL NAME: John Rasmussen	FULL MAIDEN NAME: Myrtle Morris
RESIDENCE: Glenn's Ferry	RESIDENCE: Glenn's Ferry.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 27 (Years)
BIRTHPLACE: ~~America~~ Michigan	BIRTHPLACE: ~~America~~ Idaho
OCCUPATION: Locomotive Engineer	OCCUPATION: Housewife

Number of child of this mother, including present birth 1

Number of children of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive April 19th 1913 at 7 P M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or Midwife)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed April 19th 1913 J. W. Davis M. D. Sub Registrar

Registrar

Bee Mather

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. U-C—Dec. 8-20

BIRTH

PLACE OF BIRTH

County of

MARGIN R

WRITE PLAINLY, WITH LINE
U. S. In case of twins give date of

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 3093

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)
for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)
in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	Lester Boyd	Boyd Lester Rasmussen

Subscribed and sworn to before me this 2nd day of April 1943

Geo. N. Petersen

Notary Public, residing at Boise Ida

My commission expires July 20, 1945

(Seal)

Signed x Myrtle Morris Rasmussen

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

..... (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19....

Notary Public, residing at .....

My commission expires .....
(Seal)

Signed .....
(Signature of Any Credible Person Other Than Previous Year)

..... (Street Address, City, State)

APR 5 1943

213-219-020-212

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

File No. 13094

County of Elmore

City of Mountain Home Registration District No. 20

No. —, —— St.

Primary Registration District No. 2020 Registered No. 26

Hospital —

FULL NAME OF CHILD Felisa Salonio

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F	—	—	yes	April 19th, 1913

FATHER		MOTHER	
FULL NAME	Angelo Salonio	FULL MAIDEN NAME	Angela Sabiola
RESIDENCE	Mountain Home	RESIDENCE	Mountain Home
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	32	AGE AT LAST BIRTHDAY (Years)	23
BIRTHPLACE	Spain	BIRTHPLACE	Spain
OCCUPATION	Sheepman	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 3.45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B. W. Mathes

Physician (Physician or Midwife)

Address Mountain Home

Given names added from a supplemental report

....., 19.....

Registrar

Filed April 20th, 1913. B. W. Mathes Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DUP OF 1913-207476

289-220-020-793

PLACE OF BIRTH

County of Elmore

City of Glenn's Ferry

No. ____, ____ St.

Hospital

FULL NAME OF CHILD [redacted] Lucille, Kathryn Shroyer

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

Registration District No. 20

File No. 13095

Primary Registration District No. 2021

Registered No. 33

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	single	1	yes	April 20th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	James Earl Shroyer	Agnes Ruth Pitzer
RESIDENCE	Glenn's Ferry	Glenn's Ferry
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	22	20
BIRTHPLACE	America Arkansas	Villa Grove, Colorado
OCCUPATION	Car Inspector O. S. L. R. R.	Housewife

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive April 20th 1913, at 12:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M. D.

Physician

(Physician or ~~Midwife~~)

Address Glenn's Ferry Idaho

Given names added from a supplemental report

....., 19.....

Filed April 20th 1913 J. W. Davis M. D. Registrar

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

243-114
020-245

PLACE OF BIRTH

Form V. S. No. 1.—Rev. 7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13096

County of Elmore.

City of Arrowrock.

No Newly Ned Addition

Registration District No 20 File No.

Primary Registration District No. 2020. Registered No. 25

Hospital —

FULL NAME OF CHILD RICHARD JOHN SUTTON

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M.	—	—	Yes.	April 14 1913.

FATHER		MOTHER	
FULL NAME	John J. Sutton.	FULL MAIDEN NAME	Lillian Bunney.
RESIDENCE	Arrowrock.	RESIDENCE	Arrowrock.
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	27. (Years)	AGE AT LAST BIRTHDAY	22. (Years)
BIRTHPLACE	Illinois.	BIRTHPLACE	Colorado.
OCCUPATION	Laborer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive. at 12 30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Joseph W. H. Shaw

Physician

(Physician or Midwife)

Address Arrowrock,

Given names added from a supplemental report

....., 19.....

Filed 4/21 19 13 B.W. Mather Registrar

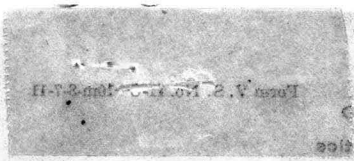
.....
Registrar

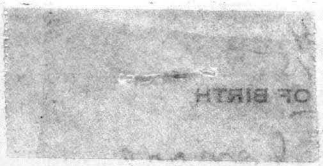
SVMS - YORK CO., PTRS. & BDRS. 17326

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated





STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Oregon
County of Multnomah } ss. JAN 14 1942

Certificate No. 13096

Date Filed Jan. 12-'42

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)
for Baby Sutton (NAME OR ORIGINAL CERTIFICATE) who born (WAS BORN ~~OR DIED~~) on April 14- 1913 (DATE OF EVENT)
in Arrow Rock, Ida. ~~are erroneous or~~ were omitted; and that, to the best of his knowledge, the
(PLACE OF EVENT)
true facts as shown by Parents (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on Jan. 12 -'42 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
unnamed	-- -- -	Richard John Sutton

Subscribed and sworn to before me this 12th day of January 1942

Eugene R. Linville

Notary Public, residing at Notary Public for Oregon

My commission expires My commission expires July 15, 1944

(SEAL)

Signed Mrs. John T. Sutton
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

2456 N. E. 50th Ave. Portland, Ore.
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon
County of Multnomah } ss.

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12th day of January 1942

Eugene R. Linville

Notary Public, residing at Notary Public for Oregon

My commission expires My commission expires July 15, 1944

(SEAL)

Signed Lillian Sutton
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

2456 N.E. 50th Ave. Portland, Ore.
(STREET ADDRESS, CITY, STATE)

Received for filing on JAN 14 1942 By
(REGISTRAR'S SIGNATURE)

APR 12 1961

349-210-020-266

PLACE OF BIRTH

Form V. S. No. 11-C—15m-6-20-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13097

County of Elmore

City of Hammett — Registration District No. 20 — File No.

No. ____, ____ St. — Primary Registration District No. 2021 — Registered No. 30

Hospital

FULL NAME OF CHILD Hazel Gladys Turner.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	Single	3d	yes	Apr. 10th, 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Arthur D. Turner	Francis Bown
RESIDENCE	Hammett	Hammett
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	39	25
BIRTHPLACE	America	America
OCCUPATION	Lumberman	Housewife

Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive April 10th, 1913, at 11 A. M. on the date above stated.

(Born alive ~~or stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Davis M.

Physician

(Physician or Midwife)

Address Glenns Ferry Idaho

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed April 10th 1913

J. W. Davis
Registrar

B. W. Mather

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

841-102
629-113

PLACE OF [redacted]

County of La[redacted]

City of Genesee

No. _____ St.

Hospital _____

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13093

Registration District No. 15 File No. _____

Primary Registration District No. 1063 Registered No. 102

FULL NAME OF CHILD Lloyd Frank Qualey

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M			Yes	4 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Frank Qualey	Marie Aaland
RESIDENCE	Genesee	Genesee
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	38	35
BIRTHPLACE	Wis	Wis
OCCUPATION	Rancher	Housewife

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5 P M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) C. F. Tuomy M D

Genesee Idaho
(Physician or midwife)

Address _____

Given names added from a supplemental report

_____ 19____

_____ Registrar

Filed Apr 16 1913 J. V. Ehrem Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 2 6 1975

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

RECEIVED
BUREAU OF
VITAL STATISTICS
SEP 17 3 33 PM 76

Certificate No. 13098

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)

for Unnamed Qualey (Male) (Name on Original Certificate) who was born (Was Born or Died) on April 2, 1913 (Date of Event)

in Genesee, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
child's name	Unnamed	Lloyd Frank Qualey

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Lloyd Frank Qualey
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed Tess A. Green
(Signature of Any Credible Person)

515 Warner ave
Lewiston Idaho. 83501
(Street Address, City, State)

FORM DH 60-155 CL 11/26/75 lbc pd. rec. #990

SEP 2 8 1976

Holy sacrament of Baptism gives name as Lloyd Frank Qualey son of Frank Qualey and Marie Qualey. born Apri. 2, 1913. Baptized May 22, 1955. viewed by V. S..

Honorable Discharge from the U. S. Army gives name as Lloyd F. Qualey. dated Dec 20, 1943. viewed by V. S.

INDIVIDUAL ACKNOWLEDGMENT

State of California
County of Alameda } S.S.

On this 13 day of April 19 76, before me,

....., a Notary Public in and for said Alameda County,

(SEAL)

personally appeared Tess A. Green

known to me to be the person whose name subscribed to the within instrument, and acknowledged that she executed the same.

WITNESS my hand and official seal.

A. M. Reed

Notary Public in and for said Alameda Ca. County and State

My commission expires May 22 19 79

OFFICIAL SEAL
A. M. REED
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
My comm. expires MAY 22, 1979

P-169 3-74

INDIVIDUAL ACKNOWLEDGMENT

State of California
County of Alameda } S.S.

On this 13 day of April 19 76, before me,

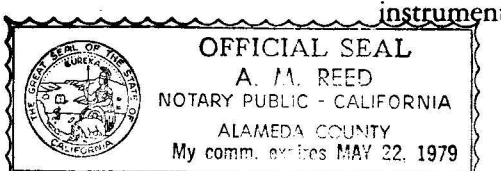
....., a Notary Public in and for said Alameda County,

(SEAL)

personally appeared Lloyd Frank Qualey

.....

known to me to be the person whose name subscribed to the within instrument, and acknowledged that he executed the same.



WITNESS my hand and official seal.

.....

Notary Public in and for said Alameda Ca. County and State

My commission expires May 22 19 79.

P-169 3-74

962-202-029-238

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Genesee

No. ..... St.

Hospital .....

Form V. S. No. 11-C—20m-2-15-12

[redacted]
BUREAU OF VITAL STATISTICS
[redacted]

Registration District No. 15

Primary Registration District No. 2062

File No. 13099

Registered No. 103

FULL NAME OF CHILD Verona Hattie Rosenau

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth
F	—	—	Yes	4 (Month) 2 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	Arthur E. Rosenau	FULL MAIDEN NAME	Frieda Scharnhorst
RESIDENCE	Farmington	RESIDENCE	Farmington Scharnhorst ST
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	20
BIRTHPLACE	Minn	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth One

Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. E. Rosenau

(Physician or midwife)

Address Genesee

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Jan 2 1913 W. E. Rosenau Registrar

S-Y CO. 20174

cc 2/19/41 rmf

843-11-039-969

PLACE OF BIRTH

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah

City of Juliaetta

No. ____, ____ St.

Registration District No. 15 File No. 13100

Primary Registration District No. 2127 Registered No. 104

Hospital ____

FULL NAME OF CHILD Melvin Marshall Gulledge

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	3 11 1913

FATHER		MOTHER	
FULL NAME	Elmer E. Gulledge	FULL MAIDEN NAME	Melissa A Rork
RESIDENCE	Juliaetta Ida	RESIDENCE	Juliaetta Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	27 (Years)
BIRTHPLACE	Ill	BIRTHPLACE	Lancaster Wis.
OCCUPATION	hardware merchant	OCCUPATION	housewife

[Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 8 45 M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) John E. Hoyt M D.

(Physician or Midwife)

Address Kendrick Ida Co

Given names added from a supplemental report

....., 19.....

Filed Mar. 13 1913 D A Roe

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 2 1968

OCT 17 1944

Certified copy issued 1-9-1941. D.P.

893-123-029-944

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. H-6.

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13101

Primary Registration District No. 2065 Registered No. 99

FULL NAME OF CHILD Clifford Raymond Hilliard

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			yes	Apr 23 1913

FATHER		MOTHER	
FULL NAME	Low H. Hilliard	FULL MAIDEN NAME	A. Davida Rudeen
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	white	COLOR	white
AGE AT LAST BIRTHDAY (Years)	34	AGE AT LAST BIRTHDAY (Years)	30
BIRTHPLACE	Ill	BIRTHPLACE	Sweden
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive April 23, 1913, at 3.35 a. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. W. Olsen

Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 23 1913 J. W. Olsen Registrar

S-Y CO. 20174

SEP 2 2 1941

795-229-029-993

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13102

Primary Registration District No. 2065 Registered No. 100

FULL NAME OF CHILD Zola Leona Greear

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female			yes	April 29 1913

FATHER	MOTHER
FULL NAME James Philip Greear	FULL MAIDEN NAME Nannie Rice
RESIDENCE Troy Idaho	RESIDENCE Troy Idaho
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 25 (Years)	AGE AT LAST BIRTHDAY 24 (Years)
BIRTHPLACE Ill	BIRTHPLACE Moscow Ida.
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) April 29 1913, at 11:50 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Bloom

Physician

(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 30 1913 J W Bloom Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

JUN 1 7 1953

PLACE OF BIRTH

County of _____

City of _____

No. _____ St.

Hospital _____

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

FULL NAME OF CHILD _____

Sex of Child	Twin / Triplet / or other? and Number in order of birth (To be answered only in event of plural births)	Legitimate?	Date of Birth ..... 19.. (Month) (Day) (Year)

	FATHER	MOTHER
FULL NAME		FULL MAIDEN NAME
RESIDENCE		RESIDENCE
COLOR	AGE AT LAST BIRTHDAY ..... (Years)	COLOR / AGE AT LAST BIRTHDAY ..... (Years)
BIRTHPLACE		BIRTHPLACE
OCCUPATION		OCCUPATION

Number of child of this mother, including present birth ..... Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... at ..... M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) .....

(Physician or midwife)

Address .....

Given names added from a supplemental report

Filed ..... 19.....

Registrar

S-Y CO. 20174

WRITE PLAINLY WITH INKING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

154-108-029-168

[redacted] OF IDAHO
VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Troy

No. ..... St.

Hospital .....

Registration District No. 15 File No. 13103

Primary Registration District No. 2065 Registered No. 101

FULL NAME OF CHILD Paul Edwin Anderson

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male				Yes	Apr 8 1913

FATHER		MOTHER	
FULL NAME	Olof Peter Anderson	FULL MAIDEN NAME	Amanda Johnson
RESIDENCE	Troy Idaho	RESIDENCE	Troy Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	50 (Years)	AGE AT LAST BIRTHDAY	37 (Years)
BIRTHPLACE	Sweden	BIRTHPLACE	Sweden
OCCUPATION	Preacher	OCCUPATION	House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. Apr 8 1913, at 4:45 A.M.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J W Olson
Physician
(Physician or midwife)

Address Troy Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

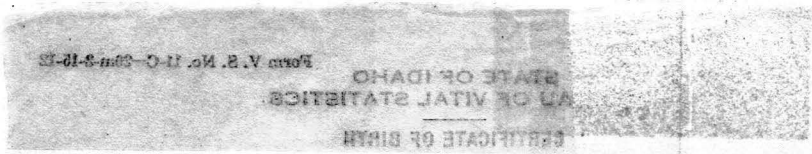
Filed Apr 8 1913 J W Olson Registrar

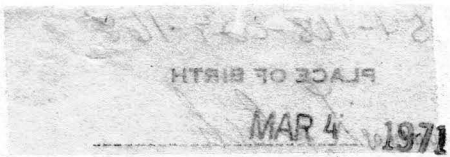
S-Y CO. 20174

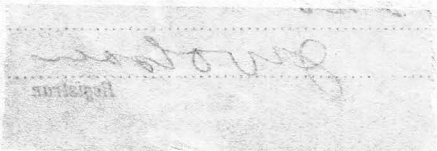
MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.




PLACE OF BIRTH
MAR 4 1971



249-230-029-331

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latha

City of Bovill

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 2068

File No. 13104

Registered No. 90

FULL NAME OF CHILD Lea Smith

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth
Girl	and	1	yes	March 30 (Month) (Day) 1913 (Year)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Lee arlington Smith	Mary Nell Clapper
RESIDENCE	Bovill	Bovill
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	28	23
BIRTHPLACE	Glenwood Ills	Downing Ills
OCCUPATION	Machinist	Stays Keeping

Number of child of this mother, including present birth 1

Number of children, of this mother, now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at ____ M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs S. C. Fielding

midwife (Physician or Midwife)

Address St Maries Idaho

Filed April 4 19 13 R. C. Stanner Registrar

Given names added from a supplemental report

____, 19____

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

286-106-029-613

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 2 15 File No. 13105

Primary Registration District No. 2068 Registered No. 89

FULL NAME OF CHILD not named

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.			Yes	April 6 1913 (Month) (Day) (Year)

(To be answered only in event of plural births)

FATHER	MOTHER
FULL NAME Levi Shortridge	FULL MAIDEN NAME Maud Walton
RESIDENCE Deary	RESIDENCE Deary
COLOR W. AGE AT LAST BIRTHDAY 30 (Years)	COLOR W. AGE AT LAST BIRTHDAY 30 (Years)
BIRTHPLACE Minn.	BIRTHPLACE Ark.
OCCUPATION Laborer	OCCUPATION H.W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive 4½ mo. foetus at 6.00 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Stanley

Physician

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/7 19 13 P. C. Stanley Registrar

8-Y CO. 20174

455-112-029-168

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Latah

City of Avon

No. ..... St.

Hospital .....

Registration District No. 2068 (167) File No. 13106

Primary Registration District No. 4 (2068) Registered No. 98

FULL NAME OF CHILD Charles Carlyle Dennis

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	✓	1	Yes	Apr 12, 1913

FATHER		MOTHER	
FULL NAME	Bennie W. Dennis	FULL MAIDEN NAME	Martha Johns
RESIDENCE	Avon	RESIDENCE	Avon
COLOR	W.	COLOR	W
AGE AT LAST BIRTHDAY	40 (Years)	AGE AT LAST BIRTHDAY	31 (Years)
BIRTHPLACE	Wis.	BIRTHPLACE	S. Dak.
OCCUPATION	farmer	OCCUPATION	H W.

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 10.0 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) B.W. Dennis

Father (Physician or midwife)

Address Avon

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed 4/21 19 13 P.G. Faust Registrar

R-Y CO. 20174

K

169-103-029-745

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

15 **CERTIFICATE OF BIRTH**

Registration District No. ~~2068~~ 7068 File No. 13107

Primary Registration District No. ..... Registered No. 95

FULL NAME OF CHILD ~~Clement~~ Reuben Jorgenson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
M.	~~1~~ and	~~1~~	Yes	Apr. 3 (Month) (Day) 1913 (Year)

(To be answered only in event of plural births)

FATHER		MOTHER	
FULL NAME	Carl C. Jorgenson	FULL MAIDEN NAME	Bertha Gunderson
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	36 (Years)
BIRTHPLACE	Iowa	BIRTHPLACE	Iowa
OCCUPATION	Farmer	OCCUPATION	H. W.

Number of child of this mother, including present birth 5 Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 5: A. M.
(Born alive or stillborn)
on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Anne Lee
midwife
(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

Filed 4/30 1913 P. C. Hamet
Registrar

..... Registrar

S-Y CO. 20174

393-126-029-165

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Deary

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15-2068 — 2068

File No. 13108

Primary Registration District No. 15

Registered No. 96

FULL NAME OF CHILD Anthony Wayne Little

Sex of Child: M	Twin, Triplet or other? — (To be answered only in event of plural births)	and Number in order of birth: —	Legitimate? yes	Date of Birth: Apr. 26. 1913 (Month) (Day) (Year)	

FATHER		MOTHER	
FULL NAME	George W. Little	FULL MAIDEN NAME	Alice Jones
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	57 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Iowa.	BIRTHPLACE	Iowa
OCCUPATION	laborer	OCCUPATION	H. W.

Number of child of this mother, including present birth 12

Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:01 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) P. C. Hamet

(Physician or midwife)

Address Deary

Given names added from a supplemental report

..... 19.....

Filed 4/26 1913 P. C. Hamet

..... Registrar

Registrar

S-Y CO. 20174

MAR 7 19

364-120 029-413

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Deary

Registration District No. 2068

File No. 13109

No. ..... St.

Primary Registration District No. 2068

Registered No. 97

Hospital .....

FULL NAME OF CHILD Floyd Stanley Yount

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	"	"	Yes	Apr 20 1913

FATHER		MOTHER	
FULL NAME	Edward Yount	FULL MAIDEN NAME	Stella Mattingley
RESIDENCE	Deary	RESIDENCE	Deary
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	42 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Ill.	BIRTHPLACE	Ky
OCCUPATION	farmer	OCCUPATION	H.dr.

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 6 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Minnie Osborn
midwife
(Physician or midwife)

Given names added from a supplemental report

..... 19.....

Address Deary

Filed 4/23 1913 P. C. Faust
Registrar

..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

K

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

MAY 1 1 1942

PLACE OF BIRTH

County of

DECEASED

493-214-029-256 (Be sure the information is complete and accurate)
Amended 1-20-69

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13110
Local Reg. No. 112
Reg. Dist. No. 15

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the District where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Potlatch
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Lois
b. (Middle): June
c. (Last): Dickinson

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): 4 - 14 - 1913

FATHER OF CHILD

7. FULL NAME
a. (First): Geo.
b. (Middle):
c. (Last): Dickinson

8. AGE (At time of this birth): 58 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Canada

10. USUAL OCCUPATION: Laborer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Jessie
b. (Middle):
c. (Last): Stockwell

13. AGE (At time of this birth): 38 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Montana

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 5
b. How many OTHER children were born alive but are now dead? 1
c. How many children were stillborn (born dead after 20 wks. pregnancy?) 0

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: Dr. J. W. Thompson

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Potlatch, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 6, 1913

22. REGISTRAR'S SIGNATURE: Dr. J. W. Thompson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
DEC 26 1968
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13110

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Ida May Dickinson (Name on Original Certificate) who was born (Was Born or Died) on April 14, 1913 (Date of Event) in Potlatch, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Ida May Dickinson	Lois June Dickinson

Subscribed and sworn to before me this 23 day of December, 19 68.

Notary Public, residing at Lewiston, Idaho
My commission expires 2/18/70
(Seal)

Signed Lois June Dickinson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Lee Kennedy
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Washington } ss.
County of Nez Perce }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 23 day of December, 19 68.

Notary Public, residing at Lewiston, Idaho
My commission expires 2/18/68
(Seal)

Signed Melvin P. Simmons
(Signature of Any Credible Person)

Kelso Washington
(Street Address, City, State)

R (O.M. SH-40) 155

CL 12-9-68. one copy paid

Son's Birth Certificate on file (Washington Birth), #360, gives mother's maiden name as Lois June Dickinson, child born Feb. 21, 1938 - viewed by VS.

Daughter's Birth Certificate on file (Washington Birth), # 984, gives mother's maiden name as Lois June Dickenson, child born July 5, 1933 - viewed by VS.

Form V. S. No. 11—10m-6-20-11

PLACE OF BIRTH

County of Latah.

City of Potlatch.

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 13110

Primary Registration District No. 2066 Registered No. 112

FULL NAME OF CHILD Ida. May. DeMunson.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes.	4, 14, 1913.

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Geo. DeMunson.	Jessie Stockwell.
RESIDENCE	Potlatch	Potlatch
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	58.	38.
BIRTHPLACE	Canada.	Montana
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 7. Number of children, of this mother, now living, including present birth 6.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Dr. J. W. Thompson.

M. D. (Physician or Midwife)

Address Potlatch

Given name added from a supplemental report

....., 19.....

Registrar

Filed May 6 1913. Dr. J. W. Thompson

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

DEC 4 1968

JAN 20 1969

FEB 25 1971

645-112-029-318

PLACE OF BIRTH

County of Latah.

City of Potlatch

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Form V. S. No. 11—10m-6-20-11

Registration District No. 15 File No. 13111

Primary Registration District No. 2066 Registered No. 120

FULL NAME OF CHILD Elytus Gerold O'Dell.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male.	—	—	yes.	March. 12, 1913.

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Melvin S. O'Dell.	Maud Dayton.
RESIDENCE	Potlatch.	Potlatch.
COLOR	white.	white.
AGE AT LAST BIRTHDAY (Years)	20.	18.
BIRTHPLACE	Washington.	Idaho.
OCCUPATION	Laborer.	Housewife.

Number of child of this mother, including present birth 1st. Number of children, of this mother, now living, including present birth one.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive. (Born alive or stillborn) at 5-30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A. J. M. Thompson M.D.

(Physician or Midwife)

Address Potlatch

Given name added from a supplemental report

....., 19.....

Filed April 15 1913 D. J. M. Thompson

Registrar

S-Y CO., 16669

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

OCT 9 1974

295-105-029-249

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—25m-1-1-18

PLACE OF BIRTH

County of Latah

City of Potlatch (Country)

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 15.

File No. 13112

Primary Registration District No. 2066

Registered No. 103

FULL NAME OF CHILD Harold Wilson King

Sex of Child Male

Twin, Triplet or other? — and Number in order of birth —

(To be answered only in event of plural births)

Legitimate? Yes

Date of Birth Apr (Month) 5 (Day) 1913 (Year)

FATHER

FULL NAME Wilson King

RESIDENCE Potlatch Country

COLOR W. AGE AT LAST BIRTHDAY 27 (Years)

BIRTHPLACE Iowa

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Laura Smith

RESIDENCE Potlatch R.F.D.

COLOR W. AGE AT LAST BIRTHDAY 26 (Years)

BIRTHPLACE Iowa

OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 2. P. M on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. T. Boyd, M.D.

(Physician or midwife)

Address Palouse, Wash.

Given names added from a supplemental report.

....., 19....

Registrar

Filed April 10, 1913

Registrar

S-Y CO. 24655

SEP 18 1941

455-203-029-618

PLACE OF BIRTH

STATE OF IDAHO

Form V. S. No. 11—10m-6-20-11

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Latah.

City of Potlatch

Registration District No. 15. File No. 13113

No. ....., ... St.

Primary Registration District No. 2066 Registered No. 106

Hospital .....

FULL NAME OF CHILD Viola. May. Donovan.

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female.	✓	✓	yes.	April. 3 1913

FATHER		MOTHER	
FULL NAME	Leo. Donovan.	FULL MAIDEN NAME	Mary Ann. Fagan.
RESIDENCE	Princeton.	RESIDENCE	Princeton
COLOR	white.	COLOR	white
AGE AT LAST BIRTHDAY (Years)	45.	AGE AT LAST BIRTHDAY (Years)	32.
BIRTHPLACE	Canada.	BIRTHPLACE	Iowa.
OCCUPATION	Farmer.	OCCUPATION	Housewife.

Number of child of this mother, including present birth 6th. Number of children, of this mother, now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born. Alive. (Born alive or stillborn) at 7.16 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Jr. Thompson

M D

(Physician or Midwife)

Address Potlatch.

Given name added from a supplemental report

....., 19.....

Filed April. 9th 1913 Jr. Thompson

Registrar

Registrar

S-Y CO., 16669

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRT

386-221-029-355

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 13114

Primary Registration District No. 2066 Registered No. 107

FULL NAME OF CHILD Frances Thomas

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	4 21 1913

FATHER

FULL NAME: Martin Joseph Thomas

RESIDENCE: Potlatch Ida

COLOR: W AGE AT LAST BIRTHDAY: 31 (Years)

BIRTHPLACE: Minn

OCCUPATION: Laborer

MOTHER

FULL MAIDEN NAME: Iowa Lee

RESIDENCE: Iowa Lee Potlatch

COLOR: W AGE AT LAST BIRTHDAY: 27 (Years)

BIRTHPLACE: Wis

OCCUPATION: House Wife

Number of child of this mother, including present birth: 4

Number of children, of this mother, now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 11a M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Le Paird M D

(Physician or Midwife)

Address Potlatch Ida

Given names added from a supplemental report

....., 19.....

Filed April 25th 1913. D. M. Thompson Registrar

....., Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

271-109-029-412

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Pullman

No. ____, ____ St.

Hospital ____

Form V. S. No. 11-C—10m-8-7-11

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

13115

Registration District No. 16. File No. ____

Primary Registration District No. 2066 Registered No. 108

FULL NAME OF CHILD Albert Spaulding

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male	other	1st	Yes	Apl. 9 1913

FATHER	MOTHER
FULL NAME: Leonard Spaulding	FULL MAIDEN NAME: Myrtle Mason
RESIDENCE: Latah Co.	RESIDENCE: Latah Co.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 31 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Iowa	BIRTHPLACE: Iowa
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 2

Number of children, of this mother, now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D. B. Harrison M.D.

(Physician or Midwife)

Address Palouse Wash.

Given names added from a supplemental report

....., 19.....

Filed April 13 1913

SYMS - YORK CO., PTRS. & BDRS. 17326

Registrar

Registrar

MAR 17 1958

434-211-029-434

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Potlatch

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 — File No. 13116

Primary Registration District No. 2066 — Registered No. 39

FULL NAME OF CHILD Leona Margrette McDonald

Sex of Child: Female	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth: 7	Legitimate? Yes	Date of birth: 4 (Month) 11 (Day) 1913 (Year)

FATHER		MOTHER	
FULL NAME	A A McDonald	FULL MAIDEN NAME	Mary Ellen McDonald
RESIDENCE	Potlatch	RESIDENCE	Potlatch
COLOR	W	AGE AT LAST BIRTHDAY (Years)	37
BIRTHPLACE	Canada	COLOR	W
OCCUPATION	Merchant	AGE AT LAST BIRTHDAY (Years)	34
		BIRTHPLACE	Nevada
		OCCUPATION	Housewife

Number of child of this mother, including present birth: 7

Number of children, of this mother, now living, including present birth: 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. Leonard M. D.

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

....., 19.....

Registrar

Filed Nov. 13 1913

Registrar

SYMS - YORK CO., PTRS. & BDRS. 17926

DEC 22 1966

433-204-029-255

Amended 6-24-65

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

State File No. 13118
Local Reg. No. 111
Reg. Dist. No. 15

1. PLACE OF BIRTH

a. COUNTY: Latah

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Viola

c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)

a. STATE: Idaho b. COUNTY: Latah

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Viola

d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)

a. (First): Mary b. (Middle): c. (Last): McCoy

4. SEX: Female

5a. THIS BIRTH: SINGLE X TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born) 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH (Month) (Day) (Year): April 4, 1913

FATHER OF CHILD

7. FULL NAME

a. (First): O b. (Middle): B c. (Last): McCoy

8. AGE (At time of this birth): 33 YEARS

9. BIRTHPLACE (State of foreign country) (City or Town): Tenn.

10. USUAL OCCUPATION: Farmer

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME

a. (First): Mary b. (Middle): c. (Last): Bench

13. AGE (At time of this birth): 35 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Missouri

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)

a. How many OTHER children are now living? 4

b. How many OTHER children were born alive but are now dead?

c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: J. S. LePard

18. ATTENDANT AT BIRTH: M.D. X MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Potlatch, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: April 10, 1913

22. REGISTRAR'S SIGNATURE: Dr. J.W. Thompson

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

Record typewriter ribbon in completing this certificate. This certificate MUST be filed with the trict where the birth occurred WITHIN 10 days after the date of birth of the child. Address VITAL STATISTICS, BOISE, IDAHO.

IDAHO STATE BOARD OF HEALTH
DIVISION OF VITAL STATISTICS

Affidavit to Correct or Amend Original Certificate of Birth or Death

RECEIVED
JUN 1 1 1965
Bureau of Vital Statistics

State of .....
County of ..... } ss.

Certificate No. 13118

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Mary McCoy (Name on Original Certificate) who born (Was Born or Died) on April 5, 1913 (Date of Event)
in Viola, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's Date of Birth	April 5, 1913	April 4, 1913
Mother's Maiden Name	Mary Burch	Mary Bench

Subscribed and sworn to before me this ..... day of
....., 19.....

.....
Notary Public, residing at .....
My commission expires .....
(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Latah } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of June, 19 65

Notary Public, residing at Moscow Idaho
My commission expires 2-7-68
(Seal)

Signed Mrs Ina Jack
(Signature of Any Credible Person)

221 W 7th at, moscow Ida
(Street Address, City, State)

FORM DPH 55.155 L 3-8-60. nm

Social Security Application, Aug. 29, 1950 gives full name as Mildred Eldridge, maiden name Mildred Myrtle McCoy, born April 4, 1913 at Viola, Idaho to Oba McCoy and Mary Francis Bench - viewed by V.S. #518-34-6852 -

Photo Copy of Family Bible Record, gives full name as O.B. McCoy, born Aug. 22, 1879 and Mary F. Bench, born Mar. 3, 1878, married Jan. 29, 1901 - gives one child's full na as Mildred McCoy, born April 4, 1913 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Viola

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15. File No. 13118

Primary Registration District No. 2066. Registered No. 111

FULL NAME OF CHILD Mary McCoy

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female	✓	4	Yes	4 5 1913

FATHER

FULL NAME: O B McCoy

RESIDENCE: Viola

COLOR: W AGE AT LAST BIRTHDAY: 33 (Years)

BIRTHPLACE: Tenn

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Mary Burch

RESIDENCE: Viola

COLOR: W AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Missouri

OCCUPATION: Home Wife

Number of child of this mother, including present birth: 5

Number of children, of this mother, now living, including present birth: ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. S. LeCard M D

(Physician or Midwife)

Address Potlatch Idaho

Given names added from a supplemental report

____, 19____

Filed April 10th 19 13 D. M. Thompson Registrar

____ Registrar

SYMS - YORK CO., PTRS. & BDRS. 17826

JUL 2 1965

553-212-029-553

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of near Kendrick

No ____, ____ St.

Hospital

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No 15 File No 13119

Primary Registration District No 2064 Registered No 92

FULL NAME OF CHILD Myrtle Nelson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
F			yes	Feb 12 1913

FATHER		MOTHER	
FULL NAME	John Nelson	FULL MAIDEN NAME	Emma Nelson
RESIDENCE	near Kendrick	RESIDENCE	Same
COLOR	W	COLOR	W
AGE AT LAST BIRTHDAY (Years)	27	AGE AT LAST BIRTHDAY (Years)	22
BIRTHPLACE	Minnesota	BIRTHPLACE	Idaho
OCCUPATION	farmer	OCCUPATION	housewife

Number of child of this mother, including present birth One

Number of children, of this mother, now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

.....
Registrar

(Signature) John Nelson
father
(Physician or Midwife)

Address Kendrick Ida

Filed Apr 22 19 13 J. E. Hoyt
Registrar

SYMS - YORK CO., PTRS. & BDRS. 17326

JUN 17 1952

455-114-029-854

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of near Juliaetta

No ....., ... St.

Hospital .....

Form V. S. No. 10—Revised

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

Registration District No 15 File No. 13120

Primary Registration District No. 2064 Registered No. 93

FULL NAME OF CHILD Thomas Dennler

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
M			yes	4 / 1 / 13

FATHER		MOTHER	
FULL NAME	Doord Dennler	FULL MAIDEN NAME	Kunikunda Hedler
RESIDENCE	near Juliaetta Ida	RESIDENCE	same
COLOR	white	COLOR	W
AGE AT LAST BIRTHDAY (Years)	35	AGE AT LAST BIRTHDAY (Years)	28
BIRTHPLACE	Germany	BIRTHPLACE	Germany
OCCUPATION	farmer	OCCUPATION	housewife

[Number of child of this mother, including present birth 5

Number of children, of this mother, now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11 30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J. E. Hoyt M.D.

(Physician or Midwife)

Address Kendrick Ida

Given names added from a supplemental report

....., 19.....

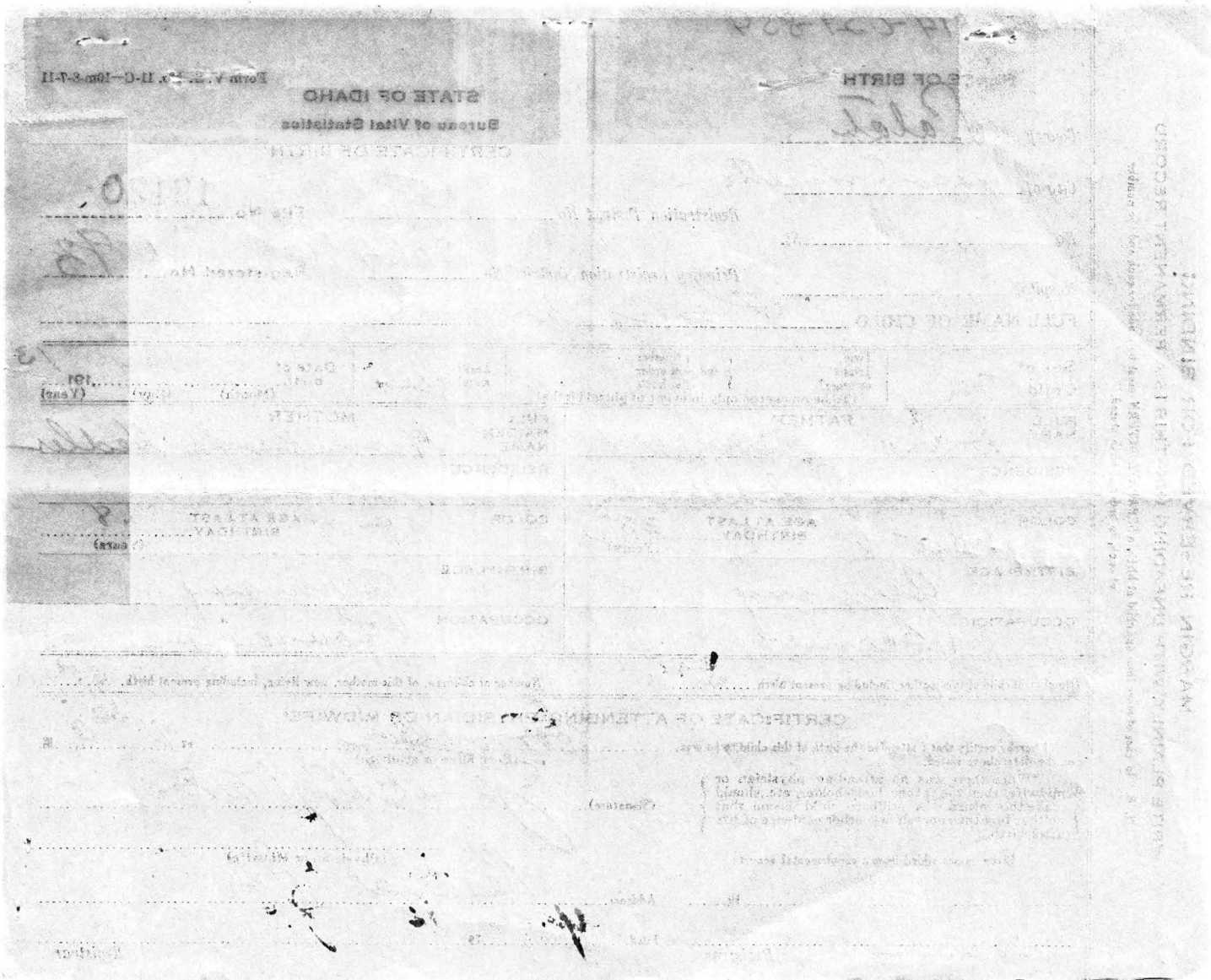
Filed April 14 19 13 J. E. Hoyt

.....
Registrar

SYMS - YORK CO., PTRS. & SDRS. 17326

Registrar

K



STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMENDED AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of ..... } ss.
County of ..... }

Certificate No. 3120
Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or death)
for Thomas Denler (Name on original certificate) who ..... (Was born or died) on ..... (Date of event)
in ..... (Place of event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by ..... (Bible record, insurance policy, etc.) prepared on ..... (Give date), are:

FACTS TO BE CORRECTED ("Name", "birth date", "cause of death", etc.)	FROM (As on original)	TO (The correct facts)
Surname	Denler	Dennler

Subscribed and sworn to before me this 19- day of Dec, 19 41
Notary Public, residing at Kendrick
My commission expires Jan 31- 1944
[SEAL]

Signed Mrs. Rusie Dennler
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.) mother
Juliaetta Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This affidavit MUST also be executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this .....
day of ....., 19.....
Notary Public, residing at .....
My commission expires .....
[SEAL]

Signed .....
(Signature of any credible person other than the previous affiant.)
(Street Address, City, State)

Received for filing on ..... By .....
(Registrar's signature)

DEC 2 0 1941

192-202-029-263

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

Form V. S. No. 11-C—10m-8-7-11

PLACE OF BIRTH

County of Latah

City of Kendrick

No ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13121

Primary Registration District No. 2064 Registered No. 94

FULL NAME OF CHILD Blanche Aiken

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	May 2 1913

FATHER		MOTHER	
FULL NAME	Oscar Cleveland Aiken	FULL MAIDEN NAME	Anna Bolon
RESIDENCE	Kendrick Idaho	RESIDENCE	Kendrick Idaho
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	28 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Tennessee	BIRTHPLACE	Washington
OCCUPATION	Lumber Laborer	OCCUPATION	Housekeeper

[Number of child of this mother, including present birth 3

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 8 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Rotherme MD

(Physician or Midwife)

Address Kendrick Idaho

Given names added from a supplemental report

....., 19.....

Filed April 13 1913 J. E. Hoyt

Registrar

SYMS - YORK CO., PTRS. & BDRS 17326

Registrar

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

381-104-029-259

Form V. S. No. 11-C—15m-6-20-11

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

PLACE OF BIRTH

County of Latah

City of Viola

No. ____, ____ St.

Hospital ____

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13122

Primary Registration District No. 2062 Registered No. 91

FULL NAME OF CHILD Berger M. Chase

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Male			yes	April 7, 1913

FATHER		MOTHER	
FULL NAME	Charles Earl Chase	FULL MAIDEN NAME	Inga Berger
RESIDENCE	Viola	RESIDENCE	Viola Ida
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	37 (Years)	AGE AT LAST BIRTHDAY	26 (Years)
BIRTHPLACE	Penobscot Co Me	BIRTHPLACE	Fergus Falls Minn
OCCUPATION	Lumberman	OCCUPATION	Housewife

Number of child of this mother, including present birth 4

Number of children, of this mother, now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ____ (Born alive ~~or stillborn~~) at 4 A. M. on the date above stated. child as to twin no child but both are boys

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mrs. John T. Garvin

Graduate Nurse
(Physician or Midwife)

Viola Ida
Address

Given names added from a supplemental report

____, 19____

____
Registrar

Filed May 1 1913

D. F. Rae
Registrar

S-Y CO., 16670

FEB 8 1943

212-117-029-279

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Latah

City of Smith Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13123

Primary Registration District No. 2067 Registered No. 114

FULL NAME OF CHILD Eddie Lee Bass

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 17 1913

FATHER

FULL NAME Perry Bass

RESIDENCE Smith Moscow

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Mo.

OCCUPATION Farmer

MOTHER

FULL MAIDEN NAME Mary Spray

RESIDENCE Smith Moscow

COLOR White AGE AT LAST BIRTHDAY 21 (Years)

BIRTHPLACE Washington

OCCUPATION Housewife

Number of child of this mother, including present birth 1 Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) on the date above stated, at 8.35 P. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gutsman M.D.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed Apr 20 1913

D. F. Rae Registrar

S-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of

915-107-029-681

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Troy

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 2063

File No. 13124

Registered No. 17

FULL NAME OF CHILD Earl a Randall

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.		6	Yes	March 7 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Elbra E Randall	Laura A. O'Hara
RESIDENCE	Troy	Moscow Troy
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	36	27
BIRTHPLACE	Iow	Neb.
OCCUPATION	Farmer	Hound Keeping

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 7.30 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

.....
Registrar

Filed May 3 19 13

D. F. O'Hara
Registrar

B-Y CO. 20174

JAN 19 1965

319-115-029-259

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13125

County of Latah

City of Moscow, Ida. Registration District No. 15 File No.

No. St. Primary Registration District No. 1008 Registered No. 113

Hospital

FULL NAME OF CHILD John Walfred Carlson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M.	Twin		Yes	Apr. 15 1913

FATHER		MOTHER	
FULL NAME	John L. Carlson	FULL MAIDEN NAME	Selma Berglund
RESIDENCE	Moscow, Ida	RESIDENCE	Moscow, Ida.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	34 (Years)	AGE AT LAST BIRTHDAY	29 (Years)
BIRTHPLACE	Minn.	BIRTHPLACE	South Dakota
OCCUPATION	Plumber	OCCUPATION	Housewife

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 10:10 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Chas. L. Gitchman
L. H. C.
(Physician or midwife)

Address Moscow

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Apr 20 19 13

S. F. Rae
Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

MAR 13 1942

299-125-029-257

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13126

Primary Registration District No. 1508 Registered No. 115

FULL NAME OF CHILD Will Annie Bright

Sex of Child	Twin Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
M	—	1	yes	March 25 1913

(To be answered only in event of plural births)

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	A. Bright	Ida Beasley
RESIDENCE	Moscow	Moscow
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	29	26
BIRTHPLACE	Tenn	S. Carl.
OCCUPATION	Farmer	Housekeeping

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn), at 10 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair MD

(Physician or midwife)

Address Moscow

Given names added from a supplemental report

..... 19.....

Filed July 3 19 13

..... Registrar

D. F. Rose Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

762-212-029-365

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15

Primary Registration District No. 1008

File No. 13127

Registered No. 116

FULL NAME OF CHILD Mary Edith Gossett

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Fem		6	yes	Feb 12th 1913

FATHER		MOTHER	
FULL NAME	Richard C Gossett	FULL MAIDEN NAME	Margaret E Long
RESIDENCE	Moscow Idaho	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY (Years)	40	AGE AT LAST BIRTHDAY (Years)	41
BIRTHPLACE	[redacted] Ind	BIRTHPLACE	Tenn
OCCUPATION	Farmer	OCCUPATION	House Keeping

Number of child of this mother, including present birth 6

Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Not born alive (Born alive or stillborn), at 7 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M. D.

(Physician or midwife)

Address Moscow Idaho

Given names added from a supplemental report

....19....

Filed May 3 1913

....Registrar

S-Y CO. 20174

D. F. Rae
Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP 25 1954

345-208-029 15-62 Amended 11-14-56

PLACE OF BIRTH

STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Latah

City of Moscow

No. ____ St.

Registration District No. 15 File No. 13128

Hospital ____ Primary Registration District No. 1008 Registered No. 118

FULL NAME OF CHILD Louise Lucy Cuendet
(Certificate of no value without full name of child.)

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female				yes	1-8-1913 192

What bactericidal solution was used in eyes? ____

Number of child of this mother, including present birth 2 Number of children of this mother now living, including present birth 2

FATHER		MOTHER	
FULL NAME	Paul E. Cuendet	FULL MAIDEN NAME	Mable F. Eustice
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	29 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Idaho	BIRTHPLACE	Cal.
OCCUPATION	Butcher	OCCUPATION	House Keeping

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8:00 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.
(Physician or midwife)

Address Moscow, Idaho

Give names added from a supplemental report.

...., 192....

.... Registrar.

Filed May 3, 1913 D. F. Rose Registrar.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at birth a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. ____ St. ____

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13128

Primary Registration District No. 1008 Registered No. 118

FULL NAME OF CHILD Lucy T. Cuendet

Sex of Child	Twin / Triplet or other?	and Number in order of birth	Legitimate?	Date of Birth
Fem	(To be answered only in event of plural births)	2	Yes	Jan 8 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Paul E Cuendet	FULL MAIDEN NAME Mable F Eustice
RESIDENCE Moscow	RESIDENCE Moscow
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Cal.
OCCUPATION Butcher	OCCUPATION House Keeping

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn), at 8 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) W. A. Cedarleaf M.D.
(Physician or midwife)

Address Moscow Idaho

Filed May 3 1913 D. L. Ray
Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

NOV 15 1956

JUN 27 1958

RECEIVED
NOV 13 1956
Division of Vital Statistics

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. 13128

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Lucy T. Cuendet (Name on Original Certificate) who was born (Was Born or Died) on Jan. 8, 1913 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by School Record (Bible Record, Insurance Policy, Etc.) prepared on Nov. 6, 1956 (Give Date), are:
Census Record May 1, 1920 Viewed by Vital Statistics

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Lucy T. Cuendet	Louise Lucy T. Cuendet

Subscribed and sworn to before me this 16th day of August, 1935

Signed Mrs Mabel F Cuendet
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Jessie C Farris
Notary Public, residing at Los Angeles, Calif
My commission expires .....
(Seal) My Commission Expires July 2, 1958

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of California } ss.
County of San Diego }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

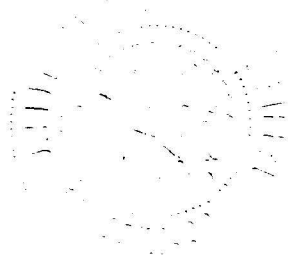
Subscribed and sworn to before me this 4th day of August, 1957

Signed Mrs Rose Jackson
(Signature of Any Credible Person)

L H Wallin
Notary Public, residing at San Diego California
My commission expires July 30, 1959
(Seal)

3472 Union. San Diego Calif
(Street Address, City, State)

DPH 52.155



Amended 1/27/72

753-228-029-719

(Be sure the information is complete and accurate)

CERTIFICATE OF BIRTH
STATE OF IDAHO

1

State File No. 13129
Local Reg. No.
Reg. Dist. No. 15

1. PLACE OF BIRTH
a. COUNTY: Latah
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moscow
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho b. COUNTY: Latah
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Moscow
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): Claire b. (Middle): Parkinson c. (Last): Peterson

4. SEX: Female

5a. THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____

5b. IF TWIN OR TRIPLET (This child born): 1st ____ 2nd ____ 3rd ____

6. DATE OF BIRTH: (Month) Jan. (Day) 28, (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): P. b. (Middle): P. c. (Last): Peterson

8. AGE (At time of this birth): 38 YEARS

9. BIRTHPLACE (State or foreign country) (City or Town): Utah

10. USUAL OCCUPATION: School Teacher

11. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Hazle b. (Middle): c. (Last): Parkinson

13. AGE (At time of this birth): 28 YEARS

14. BIRTHPLACE (State or foreign country) (City or Town): Idaho

15. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 2
b. How many OTHER children were born alive but are now dead?
c. How many children were stillborn (born dead after 20 wks. pregnancy?)

16. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

17. SIGNATURE: W. A. Adair, M. D.

18. ATTENDANT AT BIRTH: M.D. XX MIDWIFE ____ OTHER (Specify) ____

19. ADDRESS: Moscow, Idaho

20. DATE SIGNED:

21. DATE REC'D BY LOCAL REG.: May 3, 1913

22. REGISTRAR'S SIGNATURE: D. F. Rae

23. DATE ON WHICH GIVEN NAME ADDED BY ____ Registrar

...TAL STATISTICS, BOISE, IDAHO.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED DEC 29 1971

State of Oregon } ss.
County of Lane }

Certificate No. 13129

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death) for Clair Parkinson Peterson (Name on Original Certificate) who was born (Was Born or Died) on Jan 28, 1912 (Date of Event) in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Birth	Jan 28, 1912	Jan 28, 1913
Name of Child	Clair Parkinson Peterson	Claire Parkinson Peterson

Subscribed and sworn to before me this 13th day of August, 19 69

Janice I. Duncan

Notary Public, residing at

My commission expires MY COMMISSION EXPIRES JUNE 10, 1972

(Seal)

Signed (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

4977 Bethany Lane, Bethesda, MD

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of } ss.
County of }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires

(Seal)

Signed (Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Utah Operator's License issued 6/30/42 gives name as Claire Peterson Lowe. Dated of birth Jan. 28, 1913. Licensen No. U 28039. Viewed by V. S.

Application from Business Men's Assurance Co. Of American gives name as Claire Peterson Medord. Born 1-28-13. Dated 3/12/62. Viewed by V. S.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Latah

City of Moscow

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 15 File No. 13129

Primary Registration District No. 1008 Registered No. 119

FULL NAME OF CHILD Clair Parkinson Peterson

Sex of Child	Twin, Triplet or other?	Number in order of birth	Legitimate?	Date of Birth
Fem	(To be answered only in event of plural births)	3	Yes	Jan 28 (Month) (Day) 1912 (Year)

FATHER		MOTHER	
FULL NAME	P. P. Peterson	FULL MAIDEN NAME	Hazle Parkinson
RESIDENCE	Moscow	RESIDENCE	Moscow
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	38 (Years)	AGE AT LAST BIRTHDAY	28 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	School Teacher	OCCUPATION	Household Keeping

Number of child of this mother, including present birth 3 Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated. 4, at 6 A. M.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. A. Adair M.D.
(Physician or midwife)

Address Moscow

Given names added from a supplemental report

....., 19.....

Filed May 3 1913

.....
Registrar

D. F. Rice
Registrar

S-Y CO. 20174

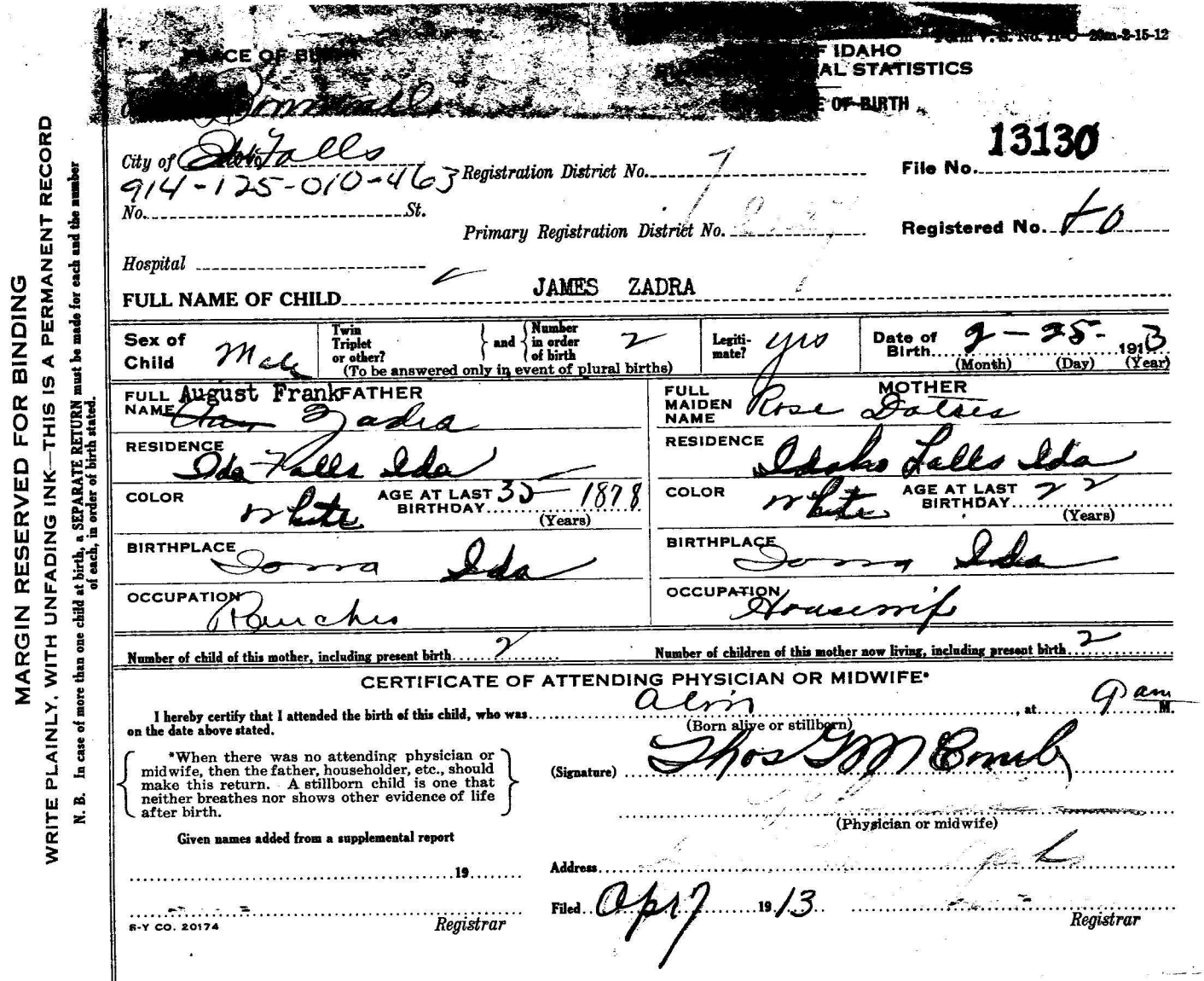
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FEB 18 1963

JAN 27 1972



PLACE OF BIRTH
[redacted] Idaho
[redacted] Vital Statistics
[redacted] of Birth

Form V. S. No. H-6—20m-8-15-12

City of Idaho Falls
914-125-010-463 No. [redacted] St.
Registration District No. 1
Primary Registration District No. [redacted]
File No. 13130
Registered No. 40
Hospital [redacted]

FULL NAME OF CHILD JAMES ZADRA

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male		2	Yes	7-25-13

	FATHER	MOTHER
FULL NAME	August Frank Zadra	FULL MAIDEN NAME Rose Dolsen
RESIDENCE	Ida Falls Ida	RESIDENCE Idaho Falls Ida
COLOR	White	COLOR White
AGE AT LAST BIRTHDAY (Years)	35 — 1878	AGE AT LAST BIRTHDAY (Years) 22
BIRTHPLACE	Iowa Ida	BIRTHPLACE Iowa Ida
OCCUPATION	Ranches	OCCUPATION Housewife

Number of child of this mother, including present birth 2
Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 9 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos G M Combs
(Physician or midwife)
Address [redacted]

Given names added from a supplemental report
..... 19.....
..... Registrar

Filed Apr 7 19 13
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Montana }
County of Missoula } ss.

Certificate No. 13130

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for James Zadra (Name on Original Certificate) who was born (Was Born or Died) on 2/25/13 (Date of Event)
in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by actual knowledge (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	James Zadra
Father's name	Aun	August Frank Zadra
Mother's name	Rose Detra	Rose Datres

Subscribed and sworn to before me this 7th day of September, 1942.

Jay M Kurtz
Notary Public, residing at Missoula, Montana.
My commission expires March 7, 1944
(Seal)

Signed Rose Datres Zadra
(Signature of parent or attendant if correcting a birth record; of attendant, undertaker, director, informant if correcting a death record; or other credible person.)

644 South 1st West
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Montana }
County of Missoula } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 7th day of September, 1942.

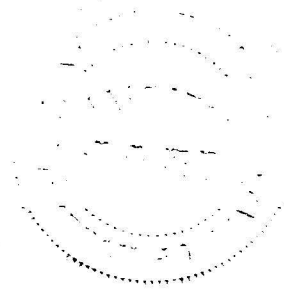
Jay M Kurtz
Notary Public, residing at Missoula, Montana
My commission expires March 7, 1944
(Seal)

Signed Helen Anna Zadra
(Signature of Any Credible Person Other Than Previous Year)

718 Hastings Ave.
(Street Address, City, State)

SEP 10 1942

JAN 20 1943



339-126-010-893

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. _____ File No. 13131

Primary Registration District No. 1227 Registered No. 61

FULL NAME OF CHILD _____

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
M		7	Yes	2 26 1913

FATHER	MOTHER
FULL NAME Ephraim Clifford	FULL MAIDEN NAME Ida Neil
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR W AGE AT LAST BIRTHDAY 40 (Years)	COLOR W AGE AT LAST BIRTHDAY 35 (Years)
BIRTHPLACE Utah	BIRTHPLACE Utah
OCCUPATION Rancher	OCCUPATION Housekeeper

Number of child of this mother, including present birth 7 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 4 9 M. on the date above stated.

(Signature) Thos W McCord

(Physician or midwife)

Address _____

Filed Apr 7 1913

Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

_____ 19____

_____ Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 1PC-20m-9-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

345 - 205-010-345

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Fremont

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 13132

Primary Registration District No. .....

Registered No. 52

FULL NAME OF CHILD .....

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	no	4 5 13

FATHER		MOTHER	
FULL NAME	?	FULL MAIDEN NAME	Josie Lundquist
RESIDENCE	?	RESIDENCE	Idaho Falls
COLOR	?	COLOR	White
AGE AT LAST BIRTHDAY (Years)	?	AGE AT LAST BIRTHDAY (Years)	15
BIRTHPLACE	?	BIRTHPLACE	Idaho
OCCUPATION	?	OCCUPATION	[illegible]

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 7-P M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) H M Comb

(Physician or midwife)

Address .....

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 7 19 13

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

127-104-010-381

Amended 11-13-63

(Be sure the information is complete and accurate)

State File No. 13133
Local Reg. No. 83
Reg. Dist. No. 7

Federal Security Agency
United States Public Health Service

CERTIFICATE OF BIRTH
STATE OF IDAHO

1. PLACE OF BIRTH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital or institution, give street address or location):

2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. CHILD'S NAME (Type or print)
a. (First): John
b. (Middle): Walter
c. (Last): Asper

4. SEX: Male

5a. THIS BIRTH: SINGLE [X] TWIN [ ] TRIPLET [ ]

5b. IF TWIN OR TRIPLET (This child born): 1ST [ ] 2ND [ ] 3RD [ ]

6. DATE OF BIRTH: (Month) 4 (Day) 4 (Year) 1913

FATHER OF CHILD

7. FULL NAME
a. (First): George
b. (Middle):
c. (Last): Asper

8. COLOR OR RACE: White

9. AGE (At time of this birth): 28 YEARS

10. BIRTHPLACE (State or foreign country) (City or Town): Echo, Utah

11a. USUAL OCCUPATION: Rancher

11b. KIND OF BUSINESS OR INDUSTRY:

MOTHER OF CHILD

12. FULL MAIDEN NAME
a. (First): Jemima
b. (Middle): Rachel
c. (Last): Chapman

13. COLOR OR RACE: White

14. AGE (At time of this birth): 23 YEARS

15. BIRTHPLACE (State or foreign country) (City or Town): Croydon, Utah

16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child)
a. How many OTHER children are now living? 1
b. How many OTHER children were born alive but are now dead? 0
c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0

17. INFORMANT'S SIGNATURE OR NAME (Relationship):

I hereby certify that this child was born alive on the date stated above.

18a. SIGNATURE: A. R. Soderquist, M.D.

18b. ATTENDANT AT BIRTH: M. D. [X] MIDWIFE [ ] OTHER (Specify)

18c. ADDRESS: Idaho Falls, Ida.

18d. DATE SIGNED:

19. DATE REC'D BY LOCAL REG.: April 7, 1913

20. REGISTRAR'S SIGNATURE: W. Kinnaird

21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar):

If not in the district where the birth occurred WITHIN 10 days after the date of birth of the child, mail to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

LOCAL REGISTRATION OF BIRTHS

Sec. 38-213. All births that occur in the state shall be immediately registered in the districts in which they occur, hereinafter provided.

Sec. 38-214. SAME: DUTIES OF THE PHYSICIANS AND MIDWIVES. It shall be the duty of the attending physici or midwife to file a certificate of birth, properly and completely filled out, giving all the particulars required by this artic with the local registrar of the district in which the birth occurred, within 10 days after the date of birth; and if there be attending physician or midwife, then it shall be the duty of the father or mother of the child, nurse, householder, or owner the premises, having knowledge of such birth, manager or superintendent of public or private institutions in which birth occu red, to notify the local registrar, within 10 days after the birth, of the fact of such birth having occurred. It shall then, in su case, be the duty of the local registrar to secure the necessary information and signature to make proper certificate of birt Provided, That in cities, the certificate of birth shall be filed at less intervals than 10 days after birth, if so required by mu cipal ordinances or regulations now in force, or that may hereafter be enacted.

Sec. 38-215. CERTIFICATES OF BIRTH. The certificate of birth shall be filled out as per blanks for that purpose.

Sec. 38-223. * * * * *, any physician or midwife, in attendance upon a case of confinement, or any other person charg with responsibility for reporting births, in the order named in Sec. 38-214 who shall neglect or refuse to file a proper certi cate of birth with the local registrar, within the time required by this article, shall be deemed guilty of a misdemeanor, an upon conviction thereof, shall be fined not less than $10 nor more than $300.

MEDICAL REPORT
(Not for certified copies)

(To be used for Crippled Children, Maternal and Child Health Work)

(a) Pregnancy: Complications of.....

.....

.....

(b) Labor: Complication.....

.....

..... Induced?.....

.....

(c) State all operations for delivery.....

(d) Did baby have any:

(1) Congenital Malformation? .....

Describe:.....

(2) Birth Injury?.....

Describe:.....

(e) Signature of Physician:

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 6 1963
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 13133

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)

for John Walter Asper (Name on Original Certificate) who was born (Was Born or Died) on April 4, 1913 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Maiden Name of Mother	Emma J. Tonne	Jemima Rachel Chapman

Subscribed and sworn to before me this 27th day of May, 1963

Notary Public, residing at Idaho Falls, Idaho

My commission expires 7/3/66

(Seal)

Signed Jemima Rachel Chapman Asper
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of May, 1963

Notary Public, residing at Idaho Falls, Idaho

My commission expires 7/3/66

(Seal)

Signed Ida E. Glanzman
(Signature of Any Credible Person)

.....
(Street Address, City, State)

FORM DH 60-155 CL 3-25-63. ~~nn~~ one copy pd. rec. #05526.

L.D.S. Church Record, statement written by Gordon E. Birch, Ward Clerk, states "The following information concerning John Walter Asper is found upon the records of the Church: He was born April 4, 1912 in Idaho Falls, Idaho. He is the son of George Washington Asper and Jemima Rachel Chapman Asper. He was baptized a member of the Church July 10, 1921." - Idaho Falls Eleventh Ward Bishopric, Ammon Stake, Idaho Falls, Idaho -

Statement from Federal Government covering Employment with the Federal Government, dated Nov. 4, 1963, signed by M.D. Davis, Chief, Reference Service Branch - states full name is given as John Walter Asper, born April 4, 1913 at Idaho Falls, Idaho to George Washington Asper and Jemima Rachel Chapman - record dated July 27, 1945 - viewed by V.S.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Ida.Falls,Ida.

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. .....

File No. 13133

Primary Registration District No. .....

Registered No. .....

FULL NAME OF CHILD JOHN WALTER ASPER

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and	Number in order of birth	Legitimate?	Date of Birth
Male				Yes	4/4 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: George Asper	FULL MAIDEN NAME: Emma J.Tonne
RESIDENCE: Idaho Falls Ida.	RESIDENCE: Idaho Falls, Ida.
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 28 (Years)	AGE AT LAST BIRTHDAY: 23 (Years)
BIRTHPLACE: Echo Utah.	BIRTHPLACE: Croydon Utah.
OCCUPATION: Rancher	OCCUPATION: Housework

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Borm alive April 4.1913 (Born alive or stillborn), at 3/15 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) A.R. Sodergquist M.D.

(Physician or midwife)

Address Ida Falls Ida

Given names added from a supplemental report

..... 19.....

Filed Apr 7 19 13 W.E. Leonard

..... Registrar

S-Y CO. 20174

Registrar

OCT 29 1942

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bonneville }

Certificate No. 13133

Date Filed NOV 4 1942

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for John Walter Asper (Name on Original Certificate) who born (Was Born or Died) on April 4th., 1913 (Date of Event) in R.F.D. Idaho Falls, Ida. (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by Bible (Bible Record, Insurance Policy, Etc.) prepared on _____ (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name	Unnamed	John Walter Asper

Subscribed and sworn to before me this thirty-first day of October 1942

Myrtle McFarland Notary Public, residing at Idaho Falls, Ida.

My commission expires June 26th., 1943 (Seal)

Signed Jemima Rachel Asper (Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person) Mother

Route 3, Idaho Falls, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville }

[This Affidivat **MUST** Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this thirty-first day of October, 1942

Myrtle McFarland Notary Public, residing at Idaho Falls, Idaho

My commission expires June 26th., 1943. (Seal)

Signed William S. Holden (Signature of Any Credible Person Other Than Previous Year)

306 South Ridge Avenue, Idaho Falls, Idaho (Street Address, City, State)

NOV 5 1942

NOV 13 1963

457-115-010-759

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13134

Primary Registration District No. 1907 Registered No. [illegible]

FULL NAME OF CHILD Eugene Mepkin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month)	(Day)	(Year)
Male		1	Yes	Feb	15	1913

FATHER

FULL NAME Geo Mepkin

RESIDENCE Idaho Falls

COLOR W AGE AT LAST BIRTHDAY 44 (Years)

BIRTHPLACE Germany

OCCUPATION Rancher

MOTHER

FULL MAIDEN NAME Louise Gerock

RESIDENCE Idaho Falls

COLOR W AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Germany

OCCUPATION Housekeeper

Number of child of this mother, including present birth 5

Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn), at 9:30 P.M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thos [illegible] Em M.D.

(Physician or midwife)

Given names added from a supplemental report

..... 19.....

..... Registrar

Address .....

Filed Apr 7 19 13

Registrar

5-Y CO. 20174

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

294-208-010-753

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 2029

File No. 13135

Registered No. 21

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		yes	April 8 1913

FATHER

FULL NAME: Thomas E Simmons

RESIDENCE: Ucon

COLOR: white — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Idaho

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Florance E Petersen

RESIDENCE: Ucon

COLOR: white — AGE AT LAST BIRTHDAY: 21 (Years)

BIRTHPLACE: Utah

OCCUPATION: Home maker

Number of child of this mother, including present birth: 2

Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Male, at 6 A. M. on the date above stated.
(Born alive or ~~stillborn~~)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

(Physician or midwife)

Address Bonneville Co Ucon Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 19 13 W Thompson Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

719-214-010-213

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Milo

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13136

Primary Registration District No. 2029 Registered No. 6

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Girl		Yes	April 14 1913

FATHER

FULL NAME: Asa Stanley Parmer

RESIDENCE: Milo Idaho

COLOR: white AGE AT LAST BIRTHDAY: 42 (Years)

BIRTHPLACE: Utah

OCCUPATION: Farmer

MOTHER

FULL MAIDEN NAME: Hannah Maria Bates

RESIDENCE: Milo

COLOR: white AGE AT LAST BIRTHDAY: 35 (Years)

BIRTHPLACE: Utah

OCCUPATION: Home Maker

Number of child of this mother, including present birth: 5

Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Simpson

(~~Physician~~ or midwife)

Address Milo Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

Filed Apr 17 1913 W Hammond

S-Y CO. 20174 Registrar Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

433-211-010-942

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. _____ St.

Hospital _____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

Registration District No. 7

Primary Registration District No. 2027

File No. 13137

Registered No. 87

FULL NAME OF CHILD Ruby Louise McLaughlin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) 191 (Year)
F		2	yes	4 11 13

FATHER	MOTHER
FULL NAME A. McLaughlin	FULL MAIDEN NAME Emma Rushton
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR W	AGE AT LAST BIRTHDAY 29 (Years)
	COLOR W
	AGE AT LAST BIRTHDAY 20 (Years)
BIRTHPLACE Texas	BIRTHPLACE Idaho Falls, Ida
OCCUPATION Laborer	OCCUPATION Housekeeper

Number of child of this mother, including present birth 2

Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (premature) at 3:30 P. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Thomas J. McBride M.D.
(Physician or midwife)

Address Idaho Falls Ida

Given names added from a supplemental report

..... 19.....

Filed Dec 15 1913 E. L. Swanson
Registrar

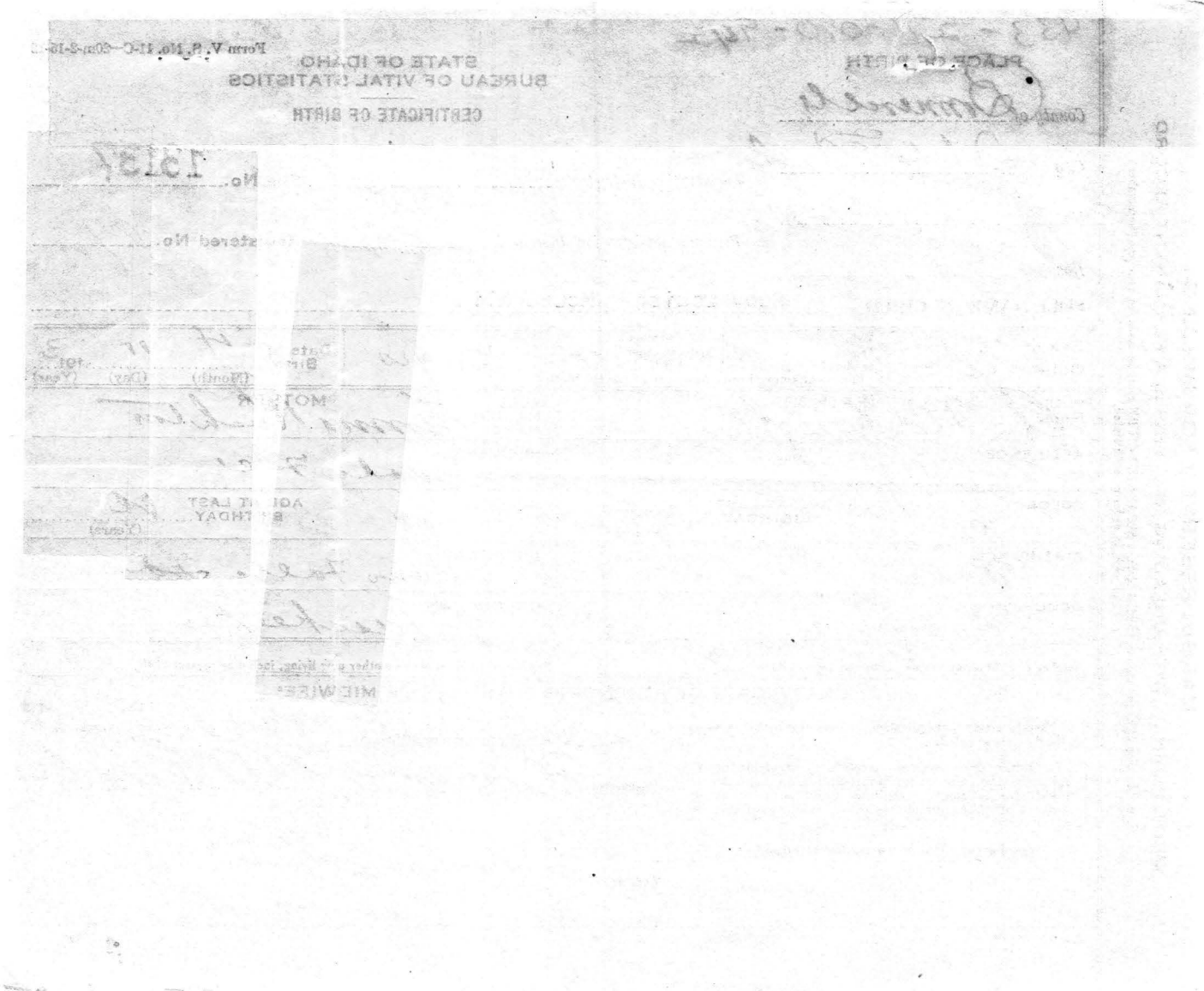
..... Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.



Own Child's Birth Cert. on file: (Idaho Birth) #223507 gives full maiden name of mother as Ruby Louise McLaughlin - viewed by V.S.

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho
County of Bonneville } ss.

Certificate No. 13137

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death) for unnamed (Name on Original Certificate) who was born (Was Born or Died) on April 11, 1913 (Date of Event) in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
name of child	unnamed	Ruby Louise McLaughlin

Subscribed and sworn to before me this 14th day of June, 1961

Estella Dunkleson

Notary Public, residing at Idaho Falls, Idaho

My commission expires Sept. 18, 1964

(Seal)

Signed Evelyn S. Lempke
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

995 Blaine Ave. Idaho Falls Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of
County of } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this day of , 19

Notary Public, residing at

My commission expires
(Seal)

Signed
(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

DEC 27 1971

Birth Certif. from Idaho Falls LDS Hospital, Idaho Falls, Idaho for Dorothy Louise Melton born July 12, 1941 gives father's name as James Linden Melton and her mother's name as Ruby Louise McLaughlin. Viewed by V. S.

614-210-010-299

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 3rd St. E. St.

Hospital

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13138

Primary Registration District No. 2027 Registered No. 1

FULL NAME OF CHILD Alice Mae Waddell

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		1	yes	4 10 1913

FATHER	MOTHER
FULL NAME O E Waddell	FULL MAIDEN NAME Maggie Biser
RESIDENCE Idaho Falls	RESIDENCE Idaho Falls
COLOR Whit	COLOR Whit
AGE AT LAST BIRTHDAY 26 (Years)	AGE AT LAST BIRTHDAY 19 (Years)
BIRTHPLACE Ill	BIRTHPLACE Missouri
OCCUPATION Laborer	OCCUPATION Housekeeper.

Number of child of this mother, including present birth 1

Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 11 45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) J M McCaul

(Physician or midwife)

Address Idaho Falls

Given names added from a supplemental report

..... 19.....

..... Registrar

Filed April 15 1913 [illegible] Registrar

S-Y CO. 20174

355-128-010-693

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of _____

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 229

File No. 13139

Registered No. 7

FULL NAME OF CHILD Herman Dee Levin

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	Apr 2 1913

FATHER	MOTHER
FULL NAME: Jules N. Levin	FULL MAIDEN NAME: Nettie Z Williams
RESIDENCE: Bonneville County	RESIDENCE: Bonneville County
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 32 (Years)	AGE AT LAST BIRTHDAY: 26 (Years)
BIRTHPLACE: Ogden, Utah	BIRTHPLACE: Ogden, Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth: 4

Number of children of this mother now living, including present birth: 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) W. Hammond

(Physician or midwife)

Address Idaho Falls Idaho

Filed Jan 29 1913 W. Hammond Registrar

Given names added from a supplemental report

_____ 19____

_____ Registrar

8-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

FOR BINDING

THIS IS A PERMANENT RECORD

155-124-010-816

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

Form S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

County of Bonneville

City of Ucon

No. ..... St.

Hospital .....

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13140

Primary Registration District No. 2029 Registered No. 10

FULL NAME OF CHILD JAMES SPENCER JENKINS

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Boy			yes	April 24 1913

FATHER	MOTHER
FULL NAME Evan W Jenkins	FULL MAIDEN NAME Alice H Hawkins
RESIDENCE Ucon	RESIDENCE Ucon
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 34 (Years)	AGE AT LAST BIRTHDAY 31 (Years)
BIRTHPLACE Idaho	BIRTHPLACE Idaho
OCCUPATION Farmer	OCCUPATION House Wife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was ..... (Born alive ~~or stillborn~~), at 11:45 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Josephine Thompson

~~(Physician~~ or midwife)

Given names added from a supplemental report

..... 19.....

Address Ucon Bonneville Co Idaho

Filed Apr. 26 1913

..... Registrar

S-Y CO. 20174

..... Registrar

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of IDAHO }
County of BONNEVILLE } ss.

Certificate No. 13140

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of BIRTH (Birth or Death)
for JAMES SPENCER JENKINS (Name on Original Certificate) who BORN (Was Born or Died) on April 24, 1913 (Date of Event)
in Ucon, Idaho, Bonneville County (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by L.D.S. Ward Records (Bible Record, Insurance Policy, Etc.) prepared on July 27, 1913 (Give Date), are:

FACTS TO BE CORRECTED ("Name", "Birth Date", "Cause of Death", Etc.)	FROM (As on Original)	TO (The Correct Facts)
name	unnamed	James Spencer Jenkins

Subscribed and sworn to before me this 18th day of March, 19 42

Arthur R. Mickelsen

Notary Public, residing at UCON, IDAHO

My commission expires April 13, 1945. (Seal)

Signed: Alice Hawkins Jenkins
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Ucon, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO }
County of BONNEVILLE } ss.

[This Affidivat **MUST** Also be Executed.
(See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 18th day of MARCH, 19 42

Arthur R. Mickelsen

Notary Public, residing at UCON, IDAHO

My commission expires April 13, 1945. (Seal)

Signed: Golden R. Hayler (Ward Clerk)
(Signature of Any Credible Person Other Than Previous Year)

UCON, IDAHO
(Street Address, City, State)

STATE OF IDAHO

MAR 25 1942

293-219-010-213

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

13141

PLACE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

Registration District No. 7

Primary Registration District No. 24 29

File No. .....

Registered No. 91

FULL NAME OF CHILD Bertha Billman

Sex of Child Girl

Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births) 1st

Legitimate? Yes

Date of Birth April (Month) 19 (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME Mortimer Billman	FULL MAIDEN NAME Cora Jane Bate
RESIDENCE Coltman	RESIDENCE Coltman
COLOR White	COLOR White
AGE AT LAST BIRTHDAY 29 (Years)	AGE AT LAST BIRTHDAY 22 (Years)
BIRTHPLACE Montana	BIRTHPLACE Utah
OCCUPATION Farmer	OCCUPATION Housewife

Number of child of this mother, including present birth 4

Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (~~or stillborn~~), at 3 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Geo. [illegible] Thomas M.D.

(~~Physician or~~ midwife)

Address Ucon Bonneville Co Idaho

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

Filed April 26 1913

[illegible] Registrar

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

FEB 12 1968

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
APR 11 1968
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 13141

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Birth (Birth or Death)
for Unnamed Billman (girl child) (Name on Original Certificate) who was born (Was Born or Died) on April 19, 1913 (Date of Event)
in Coltman, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Full Name of Child	Unnamed	Bertha Billman

Subscribed and sworn to before me this ..... day of
....., 19.....

Notary Public, residing at .....
My commission expires .....
(Seal)

Signed X Rhoda Goody
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Kootenai }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of
April, 19 68

Notary Public, residing at Kellogg, Idaho
My commission expires 6-28-68
(Seal)

Signed Lyle M. Watson
(Signature of Any Credible Person)

1191 Bell - Kellogg Idaho
(Street Address, City, State)

FORM DH 60-155 L 3-21-68.

L.D.S Church Cert. of Blessing, July 6, 1913 gives full name as Bertha Billman, daughter of Mortimer Billman and Cora Bates, born April 19, 1913 at Willow Creek, Bonneville Co., Idaho - viewed by V.S.

MAY 2 1968

L.D.S. Church Cert. of Baptism and Confirmation, August 6, 1921 gives full name as Bertha Billman, daughter of Mortimer Billman and Cora Bate, born April 19, 1913 at Ucon, Idaho - viewed by V.S.

753-202-010-000

PLACE OF BIRTH

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of near Neon

No. _____ St.

Hospital _____

Registration District No. 7

Primary Registration District No. 2029

File No. 13142

Registered No. 92

FULL NAME OF CHILD Florence Sylvia Peterson

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		3	yes	April 2 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Henery Peterson	Florence
RESIDENCE	District 58 Neon	Neon Ida
COLOR	White	White
AGE AT LAST BIRTHDAY (Years)	31	25
BIRTHPLACE	Bearlake Idaho	Holliday Utah
OCCUPATION	Farmer	House wife

Number of child of this mother, including present birth 3

Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or ~~stillborn~~), at 7:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Mary A Godfrey

Rigby Idaho RD 1

(~~Physician~~ or midwife)

Given names added from a supplemental report

Apr 17 13 19

Registrar

Address

Filed Jan 16 19 13

Registrar

S-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

DECEASED

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
BUREAU OF
VITAL STATISTICS
DEC 27 11 17 AM '72

State of ..... } ss.
County of .....

Certificate No. 13142

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of birth (Birth or Death)
for Unnamed Peterson (Female) (Name on Original Certificate) who was born (Was Born or Died) on April 2, 1913 (Date of Event)
in Ucon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Child's name	Unnamed ----Sylvia	Florence Sylvia Peterson --
		(Sylvia Florence Peterson

Subscribed and sworn to before me this 19th day of December, 1972

Angello Gheeler

Notary Public, residing at Idaho Falls, Idaho

My commission expires 26 July 1976

(Seal)

Signed Florence M Peterson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

351 East 1st north Rigby, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bonneville

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of December, 1972

Angello Gheeler

Notary Public, residing at Idaho Falls, Idaho

My commission expires 26 July 1976

(Seal)

Signed Arlene Walker
(Signature of Any Credible Person)

3874 Brookfield Lane
(Street Address, City, State)
Idaho Falls, Id

FORM DH 60-155 CL 12/11/72 nm

Certif. of Blessing from LDS Church gives name as Florence Silvia Reterson daughter of J. H. Peterson and Florence Mary Jeffs. Born Mar. 2, 1913. Was Blessed May 3, 1913. Viewed by V. S.

FEB 2 1973

Marriage License from Idaho gives grooms;name as John Rasmussen and bride's name as Florence Sylvia Peterson. Oct. 4, 1930. Marriage certif. dated Oct. 5, 1930. Viewed by V. S.

243-201-010-453

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Bonneville

City of Coltman

No. ..... St.

Hospital .....

Registration District No. 7 File No. 13143

Primary Registration District No. 229 Registered No. 93

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		10	yes	May 1 1913

FATHER		MOTHER	
FULL NAME	Rudolph Butikofer	FULL MAIDEN NAME	Marie Metzner
RESIDENCE	Coltman	RESIDENCE	Coltman
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	46 (Years)	AGE AT LAST BIRTHDAY	41 (Years)
BIRTHPLACE	Bern Switzerland	BIRTHPLACE	Bern Switzerland
OCCUPATION	farmer	OCCUPATION	House Wife

Number of child of this mother, including present birth 9 Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Female White (Born alive ~~or stillborn~~), at 6 P. M. on the date above stated.

(Signature) Mary A. Godfrey

(~~Physician~~ or midwife)

Address Rigby R 2 #1

Filed May 7 1913 W. [illegible] Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

235-122-010-391

Form V. S. No. 11-C—20m-2-15-12

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

PLACE OF BIRTH

County of Bonneville

City of Idaho Falls

No. 796 Shoup Ave.

Registration District No. 1

Primary Registration District No. 1

File No. 13144

Registered No.

Hospital

FULL NAME OF CHILD MAXFIELD HARDY Steele

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	Number in order of birth	Legitimate?	Date of Birth
Male	Single	One	Yes	April 22 (Month) (Day) 1913 (Year)

FATHER	MOTHER
FULL NAME: William John Steele	FULL MAIDEN NAME: Margaret Matheson Crabtree
RESIDENCE: Idaho Falls, Idaho	RESIDENCE: Idaho Falls, Idaho
COLOR: White	COLOR: White
AGE AT LAST BIRTHDAY: 29 (Years)	AGE AT LAST BIRTHDAY: 30 (Years)
BIRTHPLACE: American Fork, Utah	BIRTHPLACE: Providence, Utah
OCCUPATION: Book-keeper	OCCUPATION: Housewife

Number of child of this mother, including present birth: Four

Number of children of this mother now living, including present birth: Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 5:40 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) G. W. Pendleton

Physician (Physician or midwife)

Address Idaho Falls, Idaho,

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed May 2 1913

.....
Registrar

5-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bannock }

Certificate No. 13144

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of birth (BIRTH OR DEATH)
for Maxfield Hardy Steele (NAME ON ORIGINAL CERTIFICATE) who born (WAS BORN OR DIED) on (DATE OF EVENT)
in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts as shown by Family record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
Name	Unnamed	Maxfield Hardy Steele

Subscribed and sworn to before me this 20TH
day of APRIL, 1943

H R Neal

Notary Public, residing at POCATELLO, IDAHO
My commission expires OCTOBER 20, 1946
(SEAL)

Signed Mrs Margaret C. Steele
(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

553 No Hayes, Pocatello, Idaho
(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 20th
day of March, 1943

Olga Sheetz

Clerk of Probate Court
Notary Public, residing at Idaho Falls, Idaho.
My commission expires
(SEAL)

Signed
(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT.)

846 Shoupe Ave., Idaho Falls, Idaho.
(STREET ADDRESS, CITY, STATE)

Received for filing on By
(REGISTRAR'S SIGNATURE)

APR 2 3 1943

169-220-010-559

PLACE OF BIRTH

County of Bonneville

City of I. F.

No. ..... St.

Hospital Fuller's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form U. S. No. 1 [illegible]

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13145

Primary Registration District No. 2027 Registered No. 91

FULL NAME OF CHILD .....

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Female		Yes	April 20 1913

FATHER	MOTHER
FULL NAME: Hans P. Jorgensen	FULL MAIDEN NAME: Lizzie Neilson
RESIDENCE: Idaho Falls	RESIDENCE: I. F.
COLOR: Lt.	COLOR: Lt.
AGE AT LAST BIRTHDAY: 27 (Years)	AGE AT LAST BIRTHDAY: 25 (Years)
BIRTHPLACE: Denmark	BIRTHPLACE: Utah
OCCUPATION: Farmer	OCCUPATION: Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (~~or stillborn~~) at 3 9 M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

..... 19.....

..... Registrar

(Signature) S. L. Fuller, M. D.

(Physician or midwife)

Address Idaho Falls Idaho

Filed May 1 1913 [signature] Registrar

B-Y CO. 20174

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

JUL 24 1968

FEB 6 1973

DECEASED

966-124-00-859

PLACE OF BIRTH

County of Bonneville

City of Rich[illegible]

No. 1 St.

Hospital Fueler's

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

Form V. S. No. 11-C-20m-3-15-12

CERTIFICATE OF BIRTH

Registration District No. 7 File No. 13146

Primary Registration District No. 7 Registered No. 76

FULL NAME OF CHILD Albert Roos

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
Male			Yes	April 24 1913

FATHER		MOTHER	
FULL NAME	John G. Roos	FULL MAIDEN NAME	Bertha Steves
RESIDENCE	R.F.D. Rigby, Ida	RESIDENCE	Rigby Ida
COLOR	W.	COLOR	W.
AGE AT LAST BIRTHDAY	32 (Years)	AGE AT LAST BIRTHDAY	30 (Years)
BIRTHPLACE	Utah	BIRTHPLACE	Idaho
OCCUPATION	Farmer	OCCUPATION	Housewife

Number of child of this mother, including present birth.....

Number of children of this mother now living, including present birth.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 6:30 P. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) I. S. Fueler, M. D.

(Physician or midwife)

Address Rigby Idaho

Given names added from a supplemental report

.....19.....

.....
Registrar

Filed Aug 1 19 13

.....
Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE OF BIRTH OR DEATH

State of Idaho } ss.
County of Bingham }

Certificate No. 13146

Date Filed APR 14 1942

The undersigned does solemnly swear that certain facts on the certificate of Birth (BIRTH OR DEATH)

for Unnamed (NAME ON ORIGINAL CERTIFICATE) who was born (WAS BORN OR DIED) on April 24, 1913 (DATE OF EVENT)

in Idaho Falls, Idaho (PLACE OF EVENT) are erroneous or were omitted; and that, to the best of his knowledge, the true facts as shown by Bible Record (BIBLE RECORD, INSURANCE POLICY, ETC.) prepared on April 24, 1913 (GIVE DATE), are:

FACTS TO BE CORRECTED ("NAME", "BIRTH DATE", "CAUSE OF DEATH", ETC.)	FROM (AS ON ORIGINAL)	TO (THE CORRECT FACTS)
name	unnamed	Albert Roos

Subscribed and sworn to before me this 10th day of April, 1942.

Jno. W. Galt Clerk of District Court

NOTARY PUBLIC residing at Blackfoot, Idaho

My commission expires Jan. 1943.

(SEAL) By M. E. Durfee Deputy

Signed John Roos (Father)

(SIGNATURE OF PARENT OR ATTENDANT IF CORRECTING A BIRTH RECORD; OF ATTENDANT, FUNERAL DIRECTOR, INFORMANT IF CORRECTING A DEATH RECORD; OR OTHER CREDIBLE PERSON.)

Blackfoot, Idaho

(STREET ADDRESS, CITY, STATE)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bingham }

[THIS AFFIDAVIT MUST ALSO BE EXECUTED. (SEE CHAPTER 139, 1937 IDAHO SESSION LAWS.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of April, 1942.

Jno. W. Galt Clerk of District Court

NOTARY PUBLIC residing at Blackfoot, Idaho

My commission expires Jan. 1943.

(SEAL) By M. E. Durfee, Deputy

Signed Michael Bundy

(SIGNATURE OF ANY CREDIBLE PERSON OTHER THAN PREVIOUS AFFIANT)

Blackfoot, Idaho

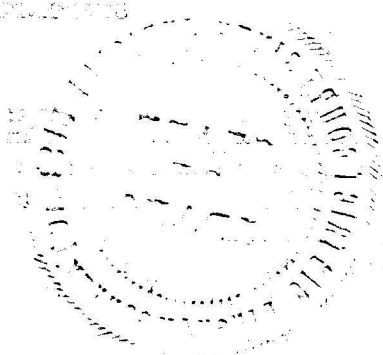
(STREET ADDRESS, CITY, STATE)

Received for filing on ..... By .....

(REGISTRAR'S SIGNATURE)

APR 20 1942

SEP 8 1950



385. 8-343

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of [redacted]

City of Ferrell.

Registration District No. 17

File No. 13147

No. ____, ____ St.

Primary Registration District No. 2044

Registered No. 380

Hospital ____

FULL NAME OF CHILD John Franklin Theriault.

Sex of Child	Twin, Triplet, or other?	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
male	S (To be answered only in event of plural births)	2	Yes	March 28, 191.3

FATHER		MOTHER	
FULL NAME	Franklin J. Theriault.	FULL MAIDEN NAME	Pauline Fritzi Theriault
RESIDENCE	Ferrell.	RESIDENCE	Ferrell.
COLOR	White	COLOR	White
AGE AT LAST BIRTHDAY	35 (Years)	AGE AT LAST BIRTHDAY	22 (Years)
BIRTHPLACE	Canada	BIRTHPLACE	Wisconsin
OCCUPATION	Woodsman	OCCUPATION	Housewife.

Number of child of this mother, including present birth 2

Number of children, of this mother, now living, including present birth ____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive, at 12:30 P. M. on the date above stated.

(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given names added from a supplemental report

....., 19.....

Registrar

(Signature) W. L. Lindsay M.D.

Physician

(Physician or Midwife)

Address St Joe Idaho

Filed 4/10 1913 D D Greenman

Registrar

S-Y CO., 16670

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

STATE OF IDAHO
Bureau of Vital Statistics
CERTIFICATE OF BIRTH

PLACE OF BIRTH

GIN RESERVED FOR BINDING
H UNPADDING (INK) THIS IS A PERMANE
ate of birth. a SEPARATE IDENTIFICATION must be made for each
ate of birth of twins, triplets, etc.

299-125-028-513

Form V. S. No. 11-C—20m-2-15-12

PLACE OF BIRTH

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

County of Kootenai

City of St. Maries

No. — — St.

Hospital — —

Registration District No. 17 File No. 13148

Primary Registration District No. 2044 Registered No. 374

FULL NAME OF CHILD Kenwood Kenneth Kirkpatrick

Sex of Child	Twin / Triplet or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male			yes	J - 25 - 1913

FATHER

FULL NAME Robert Victor Kirkpatrick

RESIDENCE St. Maries

COLOR White AGE AT LAST BIRTHDAY 29 (Years)

BIRTHPLACE Col. Springs - Colorado

OCCUPATION Mail Clerk.

MOTHER

FULL MAIDEN NAME Edith Fa Valley.

RESIDENCE St. Maries

COLOR White AGE AT LAST BIRTHDAY 24 (Years)

BIRTHPLACE Maplewood - Minn.

OCCUPATION Housewife

Number of child of this mother, including present birth .....

Number of children of this mother now living, including present birth .....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive (Born alive or stillborn) at 12 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) F. C. Gibson

(Physician or midwife)

Address St Maries Idaho

Given names added from a supplemental report

..... 19.....

Filed 4/10 1913 D. O. Drennan
Registrar

..... Registrar

S-Y CO. 20174

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

SEP _ 8 1967

ID DC 93-90167 AK

219-129-028-259

Form V. S. No. 11-C—20m-2-15-12

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated.

PLACE OF BIRTH

County of Kootenai

City of Rathdrum

No. ____ St.

Hospital ____

STATE OF IDAHO
BUREAU OF VITAL STATISTICS

CERTIFICATE OF BIRTH

Registration District No. 17 File No. 13149

Primary Registration District No. 2051 Registered No. 378

FULL NAME OF CHILD James Milton Barnes

Sex of Child	Twin, Triplet or other? (To be answered only in event of plural births) and Number in order of birth	Legitimate?	Date of Birth (Month) (Day) (Year)
male		Yes	March 29 1913

FATHER

FULL NAME Hezekiah B. Barnes

RESIDENCE Rathdrum

COLOR white AGE AT LAST BIRTHDAY 41 (Years)

BIRTHPLACE O.

OCCUPATION Salesman

MOTHER

FULL MAIDEN NAME Zola B. Berry

RESIDENCE Rathdrum

COLOR white AGE AT LAST BIRTHDAY 30 (Years)

BIRTHPLACE O.

OCCUPATION Housewife

Number of child of this mother, including present birth 7

Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7:30 A. M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Frank Perry

Physician (Physician or midwife)

Address Rathdrum Ida

Given names added from a supplemental report

....., 19.....

Filed 4/10 1913 D. D. Wiseman

Registrar

S-Y CO. 20174 Registrar

DUP OF 1913 - 306135 name change

695-225-028-819

Form V. S. No. 11-C—15m-6-20-11

PLACE OF BIRTH

STATE OF IDAHO

Bureau of Vital Statistics

CERTIFICATE OF BIRTH

County of Kootenai

City of Bayview

Registration District No. 12 File No. 13150

No. ____, ____ St.

Primary Registration District No. 2057 Registered No. 377

Hospital ____

FULL NAME OF CHILD Vera Elizabeth King

Sex of Child	Twin, Triplet, or other? (To be answered only in event of plural births)	and Number in order of birth	Legitimate?	Date of birth (Month) (Day) (Year)
Female			yes	3 25 1913

	FATHER	MOTHER
FULL NAME / FULL MAIDEN NAME	Chas. L King	Mary Berry
RESIDENCE	Bayview	Bayview
COLOR	W	W
AGE AT LAST BIRTHDAY (Years)	34	33
BIRTHPLACE	Neb.	Canada
OCCUPATION	Merchant	Hsw

Number of child of this mother, including present birth 6

Number of children, of this mother, now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn), at 6 A M. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) D D Brennan M.D.

(Physician or Midwife)

Address Pathdrew

Given names added from a supplemental report

....., 19.....

Filed 4/10 1913 D D Brennan

Registrar

S-Y CO., 16670

Registrar

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B. In case of more than one child at birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth stated

MAY 2 1942

JAN 29 1964